2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10862

FILED Oct 23, 2008 Secretary of State

Entity Name: HUNTRIDGE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5650 CATSKILL COURT 3625 SR 419 WINTER SPRINGS, FL 32708 SUITE 280 US WINTER SPRINGS, FL 32708 US **Current Mailing Address: New Mailing Address:** PO BOX 196025 WINTER SPRINGS, FL 32719 US FEI Number: 59-2680299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASC PROPERTY SERVICES INC. ASC PROPERTY SERVICES INC. 5650 CATSKILL COURT 3625 SR 419 SUITE 280 SUITE 150 WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ED HAYDEN III 10/23/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete SEC () Change () Addition LEBIODA, VIRGINIA Name: Name: PO BOX 196025 Address: Address: City-St-Zip: WINTER SPRINGS, FL 32719 City-St-Zip: Title: TD () Delete Title: DIR (X) Change () Addition HAYDEN, EDWARD F JR Name: HAYDEN, EDWARD F JR Name: Address: PO BOX 196025 Address: PO BOX 196025 City-St-Zip: WINTER SPRINGS, FL 32719 City-St-Zip: WINTER SPRINGS, FL 32719 Title: VD () Delete Title: SEC (X) Change () Addition CARBONE, NATE CARBONE, NATE Name: Name: Address: PO BOX 196025 Address: PO BOX 196025 City-St-Zip: WINTER SPRINGS, FL 32719 City-St-Zip: WINTER SPRINGS, FL 32719 Title: () Delete Title: TR () Change (X) Addition Name: Name: CATHY, WITTER PO BOX 196025 Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HAYDEN III MGR 10/23/2008