

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12201

FILED
Oct 23, 2009
Secretary of State

Entity Name: OAK FOREST BOULEVARD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAYNE
13937 OAK FOREST BLVD. S.
SEMINOLE, FL 33776 US

New Principal Place of Business:

Current Mailing Address:

C/O PAYNE
13937 OAK FOREST BLVD. S.
SEMINOLE, FL 33776 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

EXTERKAMP, DAVE
8128 OAK FOREST BLVD. W.
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

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: DAVE EXTERKAMP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EXTERKAMP, DAVID MR
Address: 8128 OAK FOREST BLVD. W.
City-St-Zip: SEMINOLE, FL 33776

Title: TRES () Delete
Name: PAYNE, HEIDI MS
Address: 13937 OAK FOREST BLVD. S.
City-St-Zip: SEMINOLE, FL 33776

Title: VP () Delete
Name: CRAIG, JODEE MS
Address: 13875 OAK FOREST BLVD. S.
City-St-Zip: SEMINOLE, FL 33776

Title: SEC () Delete
Name: CRAIG, JODEE MS
Address: 13875 OAK FOREST BLVD. S..
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HEIDI PAYNE

TRES

10/23/2009

Electronic Signature of Signing Officer or Director

Date