

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13430

FILED
Feb 07, 2007
Secretary of State

Entity Name: FLAMINGO VILLAS II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

373 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

383 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

Current Mailing Address:

373 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

New Mailing Address:

383 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

FEI Number: 59-2950480 **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:

TUTTLE, GAIL D
373 FLAMINGO RD NE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

MECHLING, ROBERT
383 FLAMINGO RD NE
LAKE PLACID, FL 33852 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: ROBERT MECHLING

02/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUTTLE, DENNIE
Address: 373 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T () Delete
Name: TUTTLE, GAIL
Address: 373 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP () Delete
Name: SORRELLS, TOM
Address: 377 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MECHLING, ROBERT
Address: 383 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: S/T (X) Change () Addition
Name: SORRELLS, ROBERT
Address: 377 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP (X) Change () Addition
Name: STUART, SONJA
Address: 379 FLAMINGO RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT MECHLING

P

02/07/2007

Electronic Signature of Signing Officer or Director

Date