

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


REINSTATEMENT

FILED

08 DEC 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DOCUMENT # N13534		
1. Entity Name SPANISH TRAILS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 28100 US HWY 19 N. SUITE 504 CLEARWATER, FL 33761 US	Mailing Address 28100 US HWY 19 N. SUITE 504 CLEARWATER, FL 33761 US	

2. Principal Place of Business - No P.O. Box # 29750 US Hwy 19 No Suite, Apt. #, etc. Suite 200	3. Mailing Address 29750 US Hwy 19 No Suite, Apt. #, etc. Suite 200
City & State Clearwater Fl	City & State Clearwater FL
Zip 33761 Country USA	Zip 33761 Country USA

12182008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2733559	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOROTA, JOSEPH J JR 28100 US HWY 19 NO SUITE 504 CLEARWATER, FL 34621	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 29750 US Hwy 19 No Suite 200 City Clearwater FL Zip Code 33761
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph J Sorota Jr* DATE **Dec 19, 2008**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, SABRINA 1931 SADDLE HILL RD N DUNEDIN, FL 34898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300139245289 12/23/08--01035--006 *\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ALISON, WILLIAM 1841 OAK CREEK DR DUNEDIN, FL 34898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BRAND, DIANE 1731 HICKORY GATE DR. NORTH DUNEDIN, FL 34898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DEBRA Tonga 1901 Saddle Hill Dr Dunedin Fl 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD <input type="checkbox"/> Delete SOROTA, JOSEPH J JR 2201 PADDOCK CIRCLE DUNEDIN, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete KAVANAUGH, ALICE 1831 OAK CREEK DR DUNEDIN, FL 34898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joan Ionata 1782 Royal Oak Place West Dunedin Fl 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete TORNGA, JOHN 1901 SADDLE HILL DR DUNEDIN, FL 34898	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Joseph J Sorota Jr* **Joseph J Sorota Jr, Treasurer 12/19/08 727-785-9994**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #