2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N13997

FILED Apr 12, 2008 Secretary of State

Entity Name: AONGBROOKE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2936 LONGBROOKE WAY 2998 LONGBROOKE WAY **ROBERT JOLOWSKI** CLEARWATER, FL 33760 US

CLEARWATER, FL 33760 US

New Mailing Address: **Current Mailing Address:**

2936 LONGBROOKE WAY PO BOX 17252

ROBERT JOLOWSKI CLEARWATER, FL 33762 US CLEARWATER, FL 33760 US

FEI Number: 59-2778389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BERGGREN, MARK D

JOLOWSKI, ROBERT LONGBROOKE SUBDIVISION HOME OWNERS ASSC.

2936 LONGBROOKE WAY 2998 LONGBROOKE WAY CLEARWATER, FL 33760 US ATTN: TREASURE

CLEARWATER, FL 33760 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: MARK D BERGGREN 04/12/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition AYLEN, DAVID RUECHEL, AL Name:

Name: 2949 LONGBROOKE WAY Address: 2994 LONGBROOKE WAY Address: City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: CLEARWATER, FL 33760 US

Title: () Delete Title: (X) Change () Addition

BERGGREN, MARK Name: ADAMS, MICHAEL Name: Address: 2998 LONGBROOKE WAY Address: 1947 SANDALWOOD PL City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: CLEARWATER, FL 33760 US

Title: () Delete Title: (X) Change () Addition

JOLOWSKI, ROBERT BERGGREN, MARK Name: Name: 2936 LONGBROOKE WAY Address: Address: 2998 LONGBROOKE WAY City-St-Zip: CLEARWATER, FL 33760 US City-St-Zip: CLEARWATER, FL 33760 US

Title: SD () Delete Title: () Change () Addition

BENDER, BONNIE Name: Address: 2953 LONGBROOKE WAY Address: City-St-Zip: CLEARWATER, FL 33760 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: MARK D BERGGREN TD 04/12/2008