

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16976

FILED
Nov 05, 2009
Secretary of State

Entity Name: CENTRE LAKE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3500 65TH AVENUE CIRCLE EAST
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

3500 65TH AVENUE CIRCLE EAST
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0068655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

HANSELMAN, CATHERINE
3517 65TH AVE CIRCLE EAST
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

SWARTZ, JOY
3524 65TH AVE CIRCLE EAST
SARASOTA, FL 34243 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: JOY SWARTZ

11/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSELMAN, CATHERINE
Address: 3517 65TH AVE CIR. E.
City-St-Zip: SARASOTA, FL 34243

Title: VD () Delete
Name: WAYNE, THOMAS
Address: 3568 65TH AVENUE CIRCLE EAST
City-St-Zip: SARASOTA, FL 34243

Title: TD () Delete
Name: SWARTZ, JOY M
Address: 3524 65TH AVENUE CIRCLE EAST
City-St-Zip: SARASOTA, FL 34243

Title: S () Delete
Name: LETO, KIM
Address: 3510 65TH AVE CIR. E.
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWARTZ, JOY
Address: 3524 65TH AVE CIR. E.
City-St-Zip: SARASOTA, FL 34243

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

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

Title: S (X) Change () Addition
Name: WAYNE, KELLI
Address: 3568 65TH AVE CIR. E.
City-St-Zip: SARASOTA, FL 34243

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: JOY SWARTZ

TD

11/05/2009

Electronic Signature of Signing Officer or Director

Date