2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26602

FILED Feb 05, 2009 Secretary of State

Entity Name: LAKE ROSE RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 512 WHEATSTONE PL 559 WHEATSTONE PLACE ORLANDO, FL 32835 ORLANDO, FL 32835 US **Current Mailing Address: New Mailing Address:** 512 WHEATSTONE PL 559 WHEATSTONE PL ORLANDO, FL 32835 US ORLANDO, FL 32835 US FEI Number: 59-2996979 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: Name and Address of New Registered Agent: BURNS, LINDA CARRASQUILLO, SANDRA 512 WHEATSTONE PLACE 559 WHEATSTONE PLACE ORLANDO, FL 32835 ORLANDO, FL 32835 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: SANDRA CARRASQUILLO 02/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PIKE, TONY Name: Name: 535 WHEATSTONE PL. Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: Title: (X) Change () Addition () Delete HERNANDEZ, ALEXANDER Name: Name: HERNANDEZ, DEANNE Address: 546 WHEATSTONE PL Address: 546 WHEATSTONE PL City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: (X) Change () Addition WEICHERT, KIMBERLY HERNANDEZ, CEASAR Name: Name: 559 WHEATSTONE PL 8438 FIREFOX COVE Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835 Title: () Delete Title: (X) Change () Addition Name: BURNS, LINDA Name: CARRASQUILLO, SANDRA 512 WHEATSTONE PL 559 WHEATSTONE PL Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORLANDO, FL 32835

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: SANDRA CARRASQUILLO Т 02/05/2009