

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 10, 2009
Secretary of State**

DOCUMENT# N34623

Entity Name: HAINESPORT PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

155 HAINESPORT
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

155 HAINESPORT
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-3018370 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:

SCURREY, HIL
155 HAINESPORT
LAKE ALFRED, FL 33850 US

Name and Address of New Registered Agent:

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: HIL SCURREY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SCURREY, HIL
Address: 155 HAINESPORT
City-St-Zip: LAKE ALFRED, FL 33850

Title: S () Delete
Name: ATTERSON, MARK
Address: 155 HAINESPORT
City-St-Zip: LAKE ALFRED, FL 33850

Title: P () Delete
Name: CLINTON, AMBROSE
Address: 130 HAINESPORT
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP () Delete
Name: THOMAS, KATHY
Address: 180 HAINES PORT
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: HIL SCURREY

Electronic Signature of Signing Officer or Director

T

10/10/2009

Date