2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36515

FILED Jaņ 0<u>9, 2</u>006 Secretary of State

Entity Name: TURTLE LAKES UNIT 5 HOMEOWNERS ASSOCIATION, INC.

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

24146 EASTWICK LANE 24203 DRACENA CT LUTZ, FL 33559 LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

24146 EASTWICK LANE 24203 DRACENA CT LUTZ, FL 33559 LUTZ, FL 33559 US

FEI Number: 59-3140089 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:

GREENLESE, VICKI BOLACK, RICHARD 24203 DRACENA CT 24146 EASTWICK LANE LUTZ, FL 33549 LUTZ, FL 33559

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: RICHARD BOLACK 01/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

VPD FOLTERMAN, WM MATTIELLO, AURELIO Name: Name: 24138 EASTWICK LANE Address: 24119 HAMPTON PLACE Address:

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

Title: PD () Delete Title: (X) Change () Addition GREENLESE, VICKI Name: Name: BOLACK, RICHARD

Address: 24146 EASTWICK LANE Address: 24203 DRACENA CT City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

Title: () Delete Title: (X) Change () Addition CARTER, BRUCE Name:

KLASING, BRIAN Name: 1310 NORWICK DR 1310 NORWICK DR Address: Address: City-St-Zip: LUTZ. FL 33559 City-St-Zip: LUTZ. FL 33559

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

Name: GILLMAN, SUZANNE Name: GUASP, JOHN 1519 NORWICK DRIVE 1501 NORWICK DR Address: Address: City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN GUASP SEC 01/09/2006