

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N39080</b> 1. Entity Name <b>LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4127 MCLEOD DRIVE TALLAHASSEE, FL 32303 US</b>				Mailing Address <b>4127 MCLEOD DRIVE TALLAHASSEE, FL 32303 US</b>	
2. Principal Place of Business <b>4268 NEIL CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>4113 MCLEOD DR</b> Suite, Apt. #, etc.		 <b>REINSTATEMENT</b> 100920091 06 OCT 12 08:19	
City & State <b>TALLAHASSEE FL</b>		City & State <b>TALLAHASSEE FL</b>		4. FEI Number <b>59-3054600</b>	
Zip <b>32303</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BREWER, SCOTT 4127 MCLEOD DRIVE TALLAHASSEE, FL 32303</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4268 NEIL COURT</b> City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32303</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <span style="float: right;">10/10/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, SCOTT 4127 MCLEOD DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, SCOTT 4268 NEIL COURT TALLAHASSEE FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, RICK 4097 MCLEOD DR TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080775461 10/12/06--01043--003 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, MIKE 4167 MCLEOD DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBITTON, KAREN 4216 MCLEOD DR TALLAHASSEE, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALL, SCOTT 4113 MCLEOD TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHROEDER, BILL 4121 MCLEOD DR TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, GREGG 4147 NEIL CT TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMELKO, MELODE 4552 WILLIAM JAMES WAY TALLAHASSEE FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, DONALD 4131 NEIL COURT TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			10/10/06 850-488-9386		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

OCT 12 2006