

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N40531

FILED  
Sep 27, 2010  
Secretary of State

**Entity Name:** VINEYARD SOUND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

670 SANDY NECK LANE  
#102  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

1209 REAGANS RESERVE BLVD  
APOPKA, FL 32712

**Current Mailing Address:**

670 SANDY NECK LANE  
#102  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

POST OFFICE BOX 976502  
LONGWOOD, FL 32791

**FEI Number:** 38-3061936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOTTER, TERRIE  
670 SANDY NECK LANE #102  
ALTAMONTE SPRINGS, FL 32714 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: TERRIE NOTTER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: NOTTER, TERRIE  
Address: 670 SANDY NECK LANE UNIT 102  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS  
Name: LONBAKEN, CLINT  
Address: 670 SANDY NECK LN, UNIT 103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP  
Name: OGELSBY, NATE  
Address: 670 SANDY NECK LN, UNIT 201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS  
Name: HETTENBACH, MARK  
Address: 670 SANDY NECK LN, UNIT 104  
City-St-Zip: ALTAMONTE SPRINGS, F 32714 US

I hereby 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 all other like empowered.

SIGNATURE: TERRIE NOTTER

DT

09/27/2010

Electronic Signature of Signing Officer or Director

Date