

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                                          |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N41237</b><br>1. Entity Name<br>OLD FORT DENAUD HOMEOWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                          |         |                                                                                                                                                                                                 |                                                                                                                                                   | FILED<br>08 NOV 10 PM 2:07<br>10/16/08 01049 009 \$61.25<br><b>REINSTATEMENT</b> |  |
| Principal Place of Business<br>150 S MAIN STREET<br>SUITE 1<br>LABELLE, FL 33935 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                          |         | Mailing Address<br>P.O. BOX 1466<br>LABELLE, FL 33975 US                                                                                                                                        |                                                                                                                                                   |                                                                                  |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                | 3. Mailing Address<br>12650 WHITEHALL DR |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | Suite, Apt. #, etc.                      |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | City & State<br>FORT MYERS, FL           |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                        | Zip<br>33907                             | Country |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br>HIGGINBOTHAM, ANDREW J<br>150 S MAIN STREET<br>SUITE 1<br>LABELLE, FL 33935                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                          |         | 7. Name and Address of New Registered Agent<br>Name<br>VANDALL, BONITA D<br>Street Address (P.O. Box Number is Not Acceptable)<br>12650 WHITEHALL DR<br>City<br>FORT MYERS FL Zip Code<br>33907 |                                                                                                                                                   |                                                                                  |  |
| 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 <u>B. D. V. Blue</u><br><small>Signature typed or printed name of registered agent and title if applicable</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                          |         | <u>BONITA D. VANDALL</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                         |                                                                                                                                                   | <u>10-30-08</u><br><small>DATE</small>                                           |  |
| <b>FILE NOW!!! FEE IS \$230.25</b><br>After January 1, 2009, Fee will be \$297.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                |                                          |         | Make check payable to<br>Florida Department of State                                                                                                                                            |                                                                                                                                                   |                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                |                                          |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                           |                                                                                                                                                   |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>FRANCO, LEIGH A<br>5251 EMMITS RUN<br>LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete        |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | PD<br>CLAYTON, STANLEY<br>5284 RIVER BLOSSOM LN<br>LABELLE, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Y<br>BRETZER, WALLY<br>5273 RIVER BLOSSOM LANE<br>LABELLE, FL 33935 <input checked="" type="checkbox"/> Delete |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | SD<br>LEVENTHAL, RAY<br>5265 RIVER BLOSSOM LN<br>LABELLE, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>ALVAREZ, ANTONIO<br>5260 RIVER BLOSSOM LANE<br>LABELLE, FL 33935 <input type="checkbox"/> Delete          |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | VD<br>ALVAREZ, ANTONIO<br>5260 RIVER BLOSSOM LN<br>LABELLE, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>MOORE, ROBERT<br>5276 RIVER BLOSSOM LANE<br>LABELLE, FL 33935 <input type="checkbox"/> Delete             |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | D<br>MOORE, ROBERT<br>5276 RIVER BLOSSOM LN<br>LABELLE, FL 33935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>M 11/10</u> <input type="checkbox"/> Delete                                                                 |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | TD<br>BENKERT, JOHN<br>5263 RIVER BLOSSOM LN<br>LABELLE, FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                |                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                          |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |
| <small>Date</small> <u>11/10/08</u> <small>Daytime Phone #</small> <u>100136987241</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                          |         |                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                  |  |