


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 14 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N43031		
1. Entity Name SUN OAKS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 317 SUN OAKS CT LAKE MARY, FL 32746 US	Mailing Address 317 SUN OAKS CT LAKE MARY, FL 32746 US
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2. Principal Place of Business - No P.O. Box # 305 Sun Oaks Ct Suite, Apt. #, etc.	3. Mailing Address 305 Sun Oaks Ct Suite, Apt. #, etc.
City & State Lake Mary, FL	City & State Lake Mary, FL
Zip FL	Country USA



11052007 REIN-NP	CR2E099 (1/07)
4. FEI Number 59-3121667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NIGHTENGALE, WILLIAM 336 SUN OAKS CT LAKE MARY, FL 32746	
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7. Name and Address of New Registered Agent Name Kara Purdy Street Address (P.O. Box Number is Not Acceptable) 305 Sun Oaks Ct City Lake Mary FL Zip Code 32746	
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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 Kara Purdy Signature, typed or printed name of registered agent and title if applicable.	DATE 12-11-07 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, DOUGLAS 336 SUN OAKS CT LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PURDY, KARA 305 SUN OAKS CT LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, KARA 305 SUN OAKS COURT LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRINGTON, DORIS 3312 SUN OAKS CT LAKE MARY, FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NIGHTENGALE, BILL 336 SUN OAKS CT LAKE MACY, FL 32746 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANUTO, MARCY 309 OAKWOOD CT LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800113135688 12/14/07--01010--005 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Kara Purdy SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 12-11-07 Daytime Phone # 407-466-4747