2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 01, 2009
Secretary of State

DOCUMENT# N45654

Entity Name: TIP TOP VILLAGE MOBILE HOME OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

14600 S TAMIAMI TR
LOT 97
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14600 S TAMIAMI TR
LOT 97
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-3090774 **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:

MEDEIROS, LINDA M
14600 S. TAMIAMI TR.
LOT 97
FT MYERS, FL 33912 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: LINDA M MEDEIROS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MEDEIROS, LINDA M
Address: 14600 S TAMIAMI TRAIL LOT 97
City-St-Zip: FORT MYERS, FL 33912

Title: DVP ( ) Delete
Name: RAPOSA, TINA L
Address: 14600 S TAMIAMI TRAIL LOT 97
City-St-Zip: FT. MYERS, FL 33912

Title: DS ( ) Delete
Name: SOMMER, NORMA
Address: 14600 S TAMIAMI TRAIL LOT 104
City-St-Zip: FORT MYERS, FL 33912

Title: DT ( ) Delete
Name: COCHENOUR, RICHARD
Address: 14600 S. TAMIAMI TR LOT 99
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change ( ) Addition
Name: COCHENOUR, RICHARD
Address: 14600 S. TAMIAMI TR LOT 102
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify 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: LINDA M MEDEIROS MS 10/01/2009
Electronic Signature of Signing Officer or Director — Date