

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46398

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** LAKE GEORGIA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 40  
GOLDENROD, FL 32733

**New Principal Place of Business:**

9909 LAKE GEORGIA DRIVE  
ORLANDO, FL 32817

**Current Mailing Address:**

P.O. BOX 40  
GOLDENROD, FL 32733

**New Mailing Address:**

**FEI Number:** 59-3163568      **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:**

BRADFORD, DAVID  
9909 LAKE GEORGIA DR  
ORLANDO, FL 32817 US

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

BURNS, BUCK  
9901 LAKE GEORGIA DR  
ORLANDO, FL 32817 US

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: BUCK BURNS

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BRADFORD, DAVID  
Address: PO BOX 40  
City-St-Zip: GOLDENROD, FL 32703

Title: D ( ) Delete  
Name: KUMAR, VIJAY  
Address: PO BOX 40  
City-St-Zip: GOLDENROD, FL 32703

Title: S ( ) Delete  
Name: GONZALEZ, YURI  
Address: PO BOX 40  
City-St-Zip: GOLDENROD, FL 32703

Title: D ( ) Delete  
Name: BANCALARI, ED  
Address: PO BOX 40  
City-St-Zip: GOLDENROD, FL 32733

Title: D ( ) Delete  
Name: MCCORD, PEDRA  
Address: P.O. BOX 40  
City-St-Zip: GOLDENROD, FL 32733

Title: V ( ) Delete  
Name: BURNS, BUCK  
Address: PO BOX 40  
City-St-Zip: GOLDENROD, FL 32703

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

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

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

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: BUCK BURNS

V

04/29/2009

Electronic Signature of Signing Officer or Director

Date