2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000520

FILED Mar 06, 2007 Secretary of State

Entity Name: SARABANDE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

26604 BELLA VISTA 10019 BRIDGEVIEW DRIVE

HOWEY-IN-THE-HILLS, FL 34737 HOWEY-IN-THE-HILLS, FL 34737

Current Mailing Address: New Mailing Address:

P O BOX 224 10019 BRIDGEVIEW DRIVE

HOWEY IN THE HILLS, FL 34737 HOWEY IN THE HILLS, FL 34737

FEI Number: 59-3175127 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CHUNG, KK 10019 BRIDGEVIEW DRIVE HOWEY IN THE HILLS, FL 34737 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: KKCHUNG

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: CHUNG, KK Name: WALKER, WILL

Address: 10019 BRIDGVIEW DRIVE Address: 26633 BELLA VISTA BLVD.

City-St-Zip: HOWEY IN THE HILLS, FL 34737 City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: TD () Delete Title: VPD (X) Change () Addition

Name: HIGGSBOTHAM, JANICE Name: NICKEN, ANN

Address: 3719 TIMBERINGS DRIVE Address: 10015 BRIDGEVIEW DRIVE
City-St-Zip: NORMAN, OK 73072 City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: D () Delete Title: D (X) Change () Addition

Name: CHO, THOMAS Name: RICE, GENE

Address: 11 WINDMERE WAY Address: 652 PARAGON PARKWAY

City-St-Zip: WOODBURG, NY 11797 City-St-Zip: CLEVELAND, TN 32312

Title: () Delete Title: D () Change (X) Addition
Name: CALLAHAN, DAN

 Name:
 Name:
 CALLAHAN, DAN

 Address:
 Address:
 10043 BRIDGEVIEW DRIVE

 City-St-Zip:
 City-St-Zip:
 HOWEY IN THE HILLS, FL 34737

Title: () Delete Title: D () Change (X) Addition

 Title:
 () Delete
 Title:
 D () Char

 Name:
 Name:
 CHANG, JOSEPH

 Address:
 Address:
 PO BOX 9025

 City-St-Zip:
 City-St-Zip:
 MCLEAN, VA 22102

I hereby certify that the information supplied with this filing does not qualify for the 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: KK CHUNG RA 03/06/2007