

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001254

FILED
Jul 04, 2009
Secretary of State

Entity Name: OAKS AT WINDEMERE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

18137 SWAN LAKE DRIVE
LUTZ, FL 33549

New Principal Place of Business:

18136 SWAN LAKE DRIVE
LUTZ, FL 33549

Current Mailing Address:

P.O. BOX 1014
LUTZ, FL 33549

New Mailing Address:

18136 SWAN LAKE DRIVE
LUTZ, FL 33549

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

FOWLER, JUSTINE L
18137 SWAN LAKE DRIVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

FOSHEE, HENRY J
18133 SWAN LAKE DRIVE
LUTZ, FL 33549 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: HENRY J. FOSHEE

07/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOWLER, JUSTINE L
Address: 18137 SWAN LAKE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: VP () Delete
Name: DAMATO, MICHELLE
Address: 18135 SWAN LAKE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: T () Delete
Name: MARTIN, ANELLA
Address: 18136 SWAN LAKE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FOSHEE, HENRY J
Address: 18136 SWAN LAKE DR
City-St-Zip: LUTZ, FL 33549

Title: VP (X) Change () Addition
Name: NELSON, DEAN
Address: 18110 SWAN LAKE DR
City-St-Zip: LUTZ, FL 33549

Title: TRES (X) Change () Addition
Name: DIMITROFF, JIM
Address: 18129 SWAN LAKE DR
City-St-Zip: LUTZ, FL 33549

Title: SEC () Change (X) Addition
Name: FOSHEE, ANNELLA M
Address: 18136 SWAN LAKE DR
City-St-Zip: LUTZ, FL 33549

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: HENRY J. FOSHEE

PRES

07/04/2009

Electronic Signature of Signing Officer or Director

Date