

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001655

FILED  
Mar 14, 2008  
Secretary of State

**Entity Name:** OAK GROVE AT KISSIMMEE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1333 OAK GROVE COURT  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

1333 OAK GROVE CT  
KISSIMMEE, FL 34744

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

JORDAN, DAVID P MR  
1333 OAK GROVE CT  
KISSIMMEE, FL 34744      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: DAVID PATRICK JORDAN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD                      ( ) Delete  
Name: JORDAN, DAVID P MR  
Address: 1333 OAK GROVE CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D                      ( ) Delete  
Name: MCCLIN, OLGA MS  
Address: 1324 OAK GROVE CT.  
City-St-Zip: KISSIMMEE, FL 34744

Title: PD                      ( ) Delete  
Name: HOGAN, CYNTHIA M MS  
Address: 1320 OAK GROVE COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: VD                      ( ) Delete  
Name: HOELZEL, MIRIAM MRS  
Address: 1328 OAK GROVE CT  
City-St-Zip: KISSIMMEE, FL 34744

Title: D                      ( ) Delete  
Name: VELEZ, DAVID  
Address: 1306 OAK GROVE CT.  
City-St-Zip: KISSIMMEE, FL 34744

**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:

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: DAVID PATRICK JORDAN

STD

03/14/2008

Electronic Signature of Signing Officer or Director

Date