2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000001658

FILED Mar 27, 2008 Secretary of State

Entity Name: CRESCENT LAKE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

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

6623 CRESCENT LAKES DRIVE 6751 CRESCENT LAKE DRIVE LAKELAND, FL 33813 LAKELAND, FL 33813

Current Mailing Address: New Mailing Address:

P O BOX 6684

LAKELAND, FL 33807 US

FEI Number: 59-3199370 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: Name and Address of New Registered Agent:

JACKSON, WINGAYE A III THOMPSON, JO

6751 CRESCENT LAKE DRIVE 6623 CRESCENT LAKES DRIVE LAKELAND, FL 33813 LAKELAND, FL 33813

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: JO THOMPSON 03/27/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition JACKSON, WINGATE A III BROWN, DANA Name: Name:

6623 CRESCENT LAKES DRIVE Address: 6542 CRESCENT LAKE DRIVE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: DS () Delete Title: (X) Change () Addition Name: BURKLIN, MARTA Name: CRALL, JULIE

Address: 6572 CRESCENT LAKE DRIVE Address: 6584 CRESCENT LAKE DRIVE

City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813

Title: () Delete Title: () Change () Addition

THOMPSON, JO Name: Name: 6751 CRESCENT LAKE DR. Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip:

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

Name: DAVIS, TOM Name: LINDSEY, MICHAEL 232 CRESCENT LAKE COURT 6626 CRESCENT LAKE DR Address: Address: City-St-Zip: LAKELAND, FL 33613 City-St-Zip: LAKELAND, FL 33813

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: JO THOMPSON DT 03/27/2008