

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002516

FILED
Nov 07, 2006
Secretary of State

Entity Name: MCNEIL WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1279 MCNEIL WOODS PLACE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1236 MCNEIL WOODS PLACE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

425 CURRY COURT
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1236 MCNEIL WOODS PLACE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3260927 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:

WHEELER, PAM
1279 MCNEIL WOODS PLAE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

DARE, SUSAN
1236 MCNEIL WOODS PLAE
ALTAMONTE SPRINGS, FL 32714 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: SUSAN DARE

11/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URBAN, JAMES
Address: 425 CURRY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: CIESLAK, DEBRA
Address: 1260 MCNEIL WOODS PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: WHEELER, PAM
Address: 1279 MCNEIL WOODS PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DARE, SUSAN
Address: 1236 MC NEIL WOODS PL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: CIESLAK, DEBORAH
Address: 1260 MCNEIL WOODS PLACE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TREA (X) Change () Addition
Name: HOLT, ROGER
Address: 413 CURRY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SUSAN DARE

P

11/07/2006

Electronic Signature of Signing Officer or Director

Date