2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N94000001391

FILED Mar 21, 2007 Secretary of State

Entity Name: VILLA CALESA LAKESIDE HOMES OWNERS ASSOCIATION, INC.

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

C/O FIRST COAST C/O AWAKENINGS ASSOCIATION MANAGEMENT

3617 CROWN PT RD STE #8 4213 COUNTY ROAD 218, SUITE 1
JACKSONVILLE, FL 32257 US MIDDLEBURG, FL 32068 US

Current Mailing Address: New Mailing Address:

3617 CROWN PT RD STE 8 4213 COUNTY ROAD 218, SUITE 1
JACKSONVILLE, FL 32257 US MIDDLEBURG, FL 32068 US

FEI Number: 59-3273639 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:

FIRST COAST MANAGEMENT CO.

AWAKENINGS ASSOCIATION MANAGEMENT
445 STATE RD 13 N

AWAKENINGS ASSOCIATION MANAGEMENT
4213 COUNTY ROAD 218

STE 26-225 SUITE 1
FRUIT COVE, FL 32223 US MIDDLEBURG, FL 32068 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: VINA C. DELCOMYN 03/21/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 RAY, LAKE
 Name:
 TURRA, MARCO

 Address:
 4008 LA VISTA CIRCLE
 Address:
 4016 LA VISTA CIRCLE

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:
 JACKSONVILLE, FL 32217

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

Name: DOSTIE, DORIS Name: MIKOSKY, DIANE

Address: 4026 RAVISTA CIR Address: 4320 DERWOOD LAKE PARKWAY SUITE 101-501

City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32217

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

 Name:
 VSDIN, PHYLLIS
 Name:

 Address:
 4010 LAVISTA CIRCLE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32217
 City-St-Zip:

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: MARCO TURRA PRES 03/21/2007