
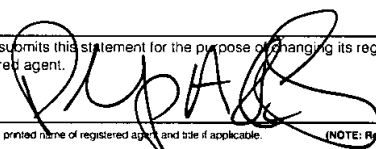
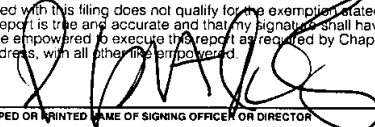


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2005 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # N95000000043			
1. Entity Name POSSUM CREEK OWNERS' MAINTENANCE ASSOCIATION, INC.			
Principal Place of Business 101 S.W. 23RD TERRACE GAINESVILLE, FL 32607		Mailing Address 101 S.W. 23RD TERRACE GAINESVILLE, FL 32607	
ADDRESS NEEDS TO BE CHANGED			
2. Principal Place of Business 4041 NW 37th Place, Suite B		3. Mailing Address 4041 NW 37th Pl, Suite B	
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B	
City & State Gainesville		City & State Gainesville	
Zip 32606	Country USA	Zip 32606	Country USA
6. Name and Address of Current Registered Agent WEST, SHERLIE H 101 S.W. 23RD TERRACE GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Philip A. DeLaney, Esq. Street Address (P.O. Box Number is Not Acceptable) 4041 NW 37th Place Suite B City Gainesville FL Zip Code 32606	
4. FEI Number 59-3434425 Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 2-8-97	
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEST, SHERLIE H 101 S.W. 23RD TERRACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lamar Hatcher, Jr. 9125 SW 1st Place Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WEST, LEETA C 101 S.W. 23RD TERRACE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jeff Montgomery 2630-A NW 41st Street Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, PHILIP A 1 S.E. 1ST AVENUE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip A. DeLaney 4041 NW 37th Pl, S-B Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE: 		Date 2-8-97 352- 374-4120 X 502	