2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N9500000507 1. Entity Name MONTEGO PLACE HOMEOWNERS ASSOCIATION, INC.					FILED			
				TE	20	06 OCT	13 AM 8:09	
Principal Place of Business 123 BELMONT DR. WINTER HAVEN, FL 33884		Mailing Address 123 BELMONT DR. WINTER HAVEN, FL 3388	34		S TA	ECRETA LLAHA	RY OF STATE SSEE, FLORID	A.
2. Principal Place of Business 115 Belmont Dr		3. Mailing Address 115 Belmont Dr.			LORANS BLU INSEL MEN DUNN DAME UNAL UNIL BUNK 1854 SIN SELE BOIL LANGUE BY 1861 			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			10102006 REIN-NI	P (CR2E099 (11/05)	
City & State		City & State Winter Ha	ven Fl	<u>'</u>	4. FEI Number 59-3294268			plied For at Applicable
Zip Country 33884 USA		33884	Country	5. Certificate of Status Desire		Desired	\$8.75 Add	
	6. Name and Address of Current F				7. Name and Address	of New Reg	Istered Agent	
LAMBERT, SHANE			Name	raith Anderson				
123 BELMONT DR.			Street Ac	ddress (P.0	D. Box Number is Not A	cceptable)		
WNTER HAVEN, FL 33884			11	5 E	Belmont	Drive	e SE	
			City (c	Dinte	r Haven		FL Zip Cod	884
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 Jack Chulerson Fath Hnde Son 10/10/04 Signature, typed or printed reare of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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	ILE NOW!!! FEE IS \$61.25 nuary 1, 2007, Fee will be \$122.50	In accordance	e with s. 607.19 id not receive th	3(2)(b), F	S., the		ke check payable t a Department of S	
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12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 1.19, Florida Statutes, I further certify that it me 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 like empowered.

Rosi J Hordwe

Roni L. Goodwin

10/10/06