

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000003784

FILED  
Dec 14, 2009  
Secretary of State

**Entity Name:** RESIDENCES AT LAKES OF NEWPORT ASSOCIATION, INC.

**Current Principal Place of Business:**

7342 NW 1ST MANOR  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15876  
PLANTATION, FL 33318 US

**New Mailing Address:**

**FEI Number:** 65-0602053 **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:**

CANESTRI, NATHALINE  
7342 NW 1ST MANOR  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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: NATHALINE CANESTRI

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JENKS, ROGER  
Address: 151 NW 78TH WAY  
City-St-Zip: PLANTATION, FL 33317

Title: VPD ( ) Delete  
Name: CANESTRI, NATHALINE  
Address: 7342 NW 1ST MANOR  
City-St-Zip: PLANTATION, FL 33317

Title: SD ( ) Delete  
Name: CROMWELL, PAM  
Address: 7213 NW 1ST MANOR  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NATHALINE CANESTRI

VPD

12/14/2009

Electronic Signature of Signing Officer or Director

Date