


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|---|---|--|---|--|--|
| DOCUMENT # N95000005310 1. Entity Name COLLEGE GARDENS NEIGHBORHOOD ASSOCIATION, INC. | | | |  | |
| Principal Place of Business ATTUCKS MIDDLE SCHOOL HOLLYWOOD, FL 33020 | | | Mailing Address PO BOX 1364 DANIA BEACH, FL 33004 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PETERMAN, JANICE 717 SW 4TH TERRACE DANIA BEACH, FL 33004 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <i>Janice Peterman</i> <small>(Signature, typed or printed name of registered agent and title if applicable)</small> </div> <div style="width: 40%; text-align: center;"> <i>Janice Peterman</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE 7/19/2007 </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | 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 | FSD PETERMAN, JANICE B 717 SW 4TH TERR DANIA, FL 33004 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1VPD BLACKMAN, BRENDA 718 SW 4TH STREET DANIA, FL 33004 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2VPD JONES, ALBERT C 722 S.W. 3RD STREET DANIA, FL 33004 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD PENN, LUCYE 754 SW 3RD ST DANIA, FL 33004 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HANKERSON, DERRICK 746 SW 3 ST DANIA BEACH, FL 33004 | <input type="checkbox"/> Delete | | | |
| 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 | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> REINSTATEMENT 400106759204 07/26/07--01052--009 **122.50 </div> <div style="text-align: right;"> <i>Janice Peterman</i> 7/19/2007 </div> </div> | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE <i>Janice B. Peterman (FSD)</i> July 19, 2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

07 JUL 23 PM 3:32
 TALLAHASSEE, FLORIDA



07172007 REIN-NP CR2E099 (1/07)

4. FEI Number **65-0642461** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

REINSTATEMENT

Janice Peterman

400106759204
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☐ Change ☐ Addition

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