

**2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT****FILED**  
**Oct 04, 2004**  
**Secretary of State**

DOCUMENT# N96000000783

**Entity Name:** ORLANDO/CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL  
PROPERTY MANAGERS, INC.**Current Principal Place of Business:**P.O. BOX 56  
WINTER PARK, FL 327900056**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 56  
WINTER PARK, FL 327900056**New Mailing Address:****FEI Number:** 59-3334133      **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:**SOLER, THAIS R  
3834 E. MICHIGAN ST  
ORLANDO, FL 32812      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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P      ( ) Delete  
**Name:** BOLES, JILL  
**Address:** 1120 EGAN DR  
**City-St-Zip:** ORLANDO, FL 328225938**Title:** PD      ( ) Delete  
**Name:** PARKER, TERESA  
**Address:** 9816 E COLONIAL DR  
**City-St-Zip:** ORLANDO, FL 32817**Title:** VPT      ( ) Delete  
**Name:** MEEKS, ROBERT  
**Address:** 460 SEMORAN BLVD #104  
**City-St-Zip:** CASSELBERRY, FL 337074938**Title:** TD      ( ) Delete  
**Name:** SOLER, THAIS R  
**Address:** 3854 E. MICHIGAN ST  
**City-St-Zip:** ORLANDO, FL 32812**Title:** ST      ( ) Delete  
**Name:** ROBERTS, MARTY  
**Address:** PO BOX 1408  
**City-St-Zip:** MOUNT DORA, FL 32756**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:****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 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 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: JILL J. BOLES

PRES

10/04/2004

Electronic Signature of Signing Officer or Director

Date