


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 26 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000001075 1. Entity Name HOMEOWNERS ASSOCIATION OF ARCADIA VILLAGE COUNTRY CLUB, INC.	
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Principal Place of Business 2692 NE HWY 70 LOT 18 ARCADIA, FL 34266 US	Mailing Address 2692 NE HWY 70 LOT 18 ARCADIA, FL 34266 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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11192007 REIN-NP CR2E099 (1/07)



4. FEI Number 59-3435745	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLAUHLAN, IAN 2692 NE HWY 70 LOT 458 ARCADIA, FL 34266	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLAUHLAN, IAN 2692 NE HWY 70 LOT 458 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 60011257688 11/26/07--01046--017 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMAND, THOMAS 2692 NE HWY 70 LOT 444 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHON, LOIS 2692 NE HWY 70 LOT 785 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRIPAWAY <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2VP <input checked="" type="checkbox"/> Delete SNYDER, DIANNE 2692 NE HWY 70 LOT 447 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA BARRETT 2692 NE HWY 70 LOT 485 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHORE, JACK 2692 NE HWY 70 LOT 658 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GENE BARKLEY 2692 NE HWY 70 LOT 537 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DUFF, JUDY 2692 NW HWY 70 LOT 44 ARCADIA, FL 34266	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES GALLAGHER 2692 NE HWY 70 LOT 15 ARCADIA, FL 34266

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 on an attachment with an address, with all other like empowered.

SIGNATURE: IAN R MCLAUHLAN IAN R MCLAUHLAN 11-19-07 863-494-1316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #