## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## FILED DOCUMENT # N97000002038 Nov 27, 2007 8:00 A.M. Secretary of State INDIAN HARBOR INDIAN WATERWAYS PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P.O. BOX 1058 P.O. BOX 1058 TAVERNIER, FL 33070 TAVERNIER, FL 33070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11REINSTATEMENT.099 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number NOT APPLICABLE Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EKBLOM, GREGORY 103 NAVAJO ST Street Address (P.O. Box Number is Not Acceptable) TAVERNIER, FL 33070 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$61.25 Make check payable to In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2008, Fee will be \$122.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE EKBLOM, GREGORY NAME NAME 100112644461 11/28/07--01016--008 \*\*61 STREET ADDRESS 103 NAVAJO ST STREET ADDRESS TAVERNIER, FL 33070 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE RAKER RICHARD NAME NAME STREET ADDRESS 125 INDIAN MOUND TRAIL STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 CITY-ST-ZIP Change Continua Continua TITLE ☐ Delete TITLE HORTON, DONALD NAME NAME STREET ADDRESS 144 APACHE STREET ADDRESS TAVERNIER, FL 33070 CITY-ST-ZIP CJTY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE LALONDE-MILLER, LORIE 127 INDIAN MOUND TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAVERNIER, FL 33070 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 attachinent with an address, with all other like empowered. 30S

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR