


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


DOCUMENT # N97000002516 1. Entity Name CHERRYWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.	
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FILED
05 JUN -8 PM 12: 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 125 N.E. FIRST AVENUE., STE 1 OCALA, FL 34470	Mailing Address 125 N.E. FIRST AVENUE., STE 1 OCALA, FL 34470
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2. Principal Place of Business 9936 S.W. 63RD. COURT	3. Mailing Address 9936 S.W. 63RD. COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FL.	City & State OCALA, FL.
Zip 34476	Country MARION
Zip 34476	Country MARION



REINSTATEMENT

04-05

4. FEI Number 59-2714148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAINES, TIM D 125 N.E. FIRST AVENUE., STE 1 OCALA, FL 34470	7. Name and Address of New Registered Agent Name SUSAN A. DEWALD Street Address (P.O. Box Number is Not Acceptable) 9936 S.W. 63RD. COURT CHERRYWOOD ESTATES City OCALA FL Zip Code 34476
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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.

000056155390
06/14/05--01051--015 ***323.75
5-23-05

SIGNATURE *Susan A. Dewald* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50		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	PD LOEHLEIN, AUGIE 9833 SW 61ST COURT OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HERMAN BROWN 5986 S.W. 98TH. STREET RD. OCALA, FL. 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HANLON, JAMES 6431 SW 98TH LOOP OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY CAROL A. STROUB 9966 S.W. 62ND TERRACE OCALA, FL 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEMBOSKI, JOE 9989 SW 59TH CIRCLE OCALA, FL 34476 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRESURER LARRY W. GILES 6262 S.W. 100TH. LOOP OCALA, FL. 34476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT SUSAN A. DEWALD 9936 S.W. 63RD. COURT OCALA, FL. 34476 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE DIR. NAME STREET ADDRESS CITY - ST - ZIP	RICHARD BECOTTE 10063 SW 62nd. CT. OCALA, FL. 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE DIR. NAME STREET ADDRESS CITY - ST - ZIP	BERNICE HASINEC 10588 SW 62nd. Terr. Rd. OCALA, FL. 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Herman Brown* Date **(352) 861-1282**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ADDITIONAL BOARD DIRECTOR

Director: Bill Cornell
6027 SW 98th Street Road
Ocala, Fl. 34476