

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000002857

FILED
Nov 23, 2005
Secretary of State

Entity Name: SHILOH RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SHILOH RIDGE
P.O. BOX 383
FORT WHITE, FL 32038

New Principal Place of Business:

SHILOH RIDGE
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

Current Mailing Address:

SHILOH RIDGE
P.O. BOX 383
FORT WHITE, FL 32038

New Mailing Address:

SHILOH RIDGE
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606

FEI Number: 59-3451506 **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:

THOMPSON, MARK R
12110 COLONIAL ESTATES LN
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE, FL FL US

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: PATRICIA TRIPPE

11/23/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, MARK R
Address: 12110 COLONIAL ESTATES LN
City-St-Zip: RIVERVIEW, FL 33569

Title: TD (X) Delete
Name: BONNER, MARYLISA
Address: 459 SW GIDEON PL
City-St-Zip: FORT WHITE, FL 32038

Title: V (X) Delete
Name: CRUSE, HOWARD
Address: 358 SW GIDEON PL
City-St-Zip: FORT WHITE, FL 32038

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FORD, SAMUEL
Address: 483 SW COURAGE CT
City-St-Zip: FT. WHITE, FL 32038

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: SAMUEL FORD

PD

11/23/2005

Electronic Signature of Signing Officer or Director

Date