

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000004146					
1. Entity Name THE TWIN RIVERS - ALAFAYA WOODS NEIGHBORHOOD IMPROVEMENT DISTRICT BOARD, INC.					
Principal Place of Business 400 ALEXANDRIA BLVD. OVIEDO, FL 32765			Mailing Address 400 ALEXANDRIA BLVD. OVIEDO, FL 32765		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3462349	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COBB, BRYAN 400 ALEXANDRIA BLVD. OVIEDO, FL 32765				Name <u>Debra Pierre</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 Alexandria Boulevard</u> City <u>Oviedo</u> FL Zip Code <u>32765</u>	
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 <u>Debra Pierre, Planning Manager</u> 10/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEHL, STEVE <input type="checkbox"/> Delete 1014 SILCOX BRANCH CIRCLE OVIEDO, FL 32765			<input type="checkbox"/> Change <input type="checkbox"/> Addition 200138442772 12/04/08--01040--008 **245.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BANAS, ED <input type="checkbox"/> Delete 1096 MCKINNON AVE OVIEDO, FL 32765			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WANGENHEIM, RICHARD <input type="checkbox"/> Delete 1008 PINEHURST COURT OVIEDO, FL 32765			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	

FILED

08 DEC -4 AM 10:48

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



10282008 REIN-NP CR2E099 (1/07)

\$8.75 Additional Fee Required

FL Zip Code 32765

10/28/08

(NOTE: Registered Agent signature required when reinstating)

DATE

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/5c