05-04-2005 90143 024 ***122.50
N98000002625

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000002625

1. Entity Name
LONG LAKE HILLS HOMEOWNERS ASSOCIATION, INC.

05 JUN -3 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05

Principal Place of Business	Mailing Address
5628 LONG LAKE HILLS BLVD. ORLANDO, FL 32-8111	882 JACKSON AVE. WINTER PARK, FL 32789

Ref Nbrs JUN C2005377

04252005 REIN-NP CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Property First, Inc	PO Box 4656
Suite, Apt. #, etc. 13627 Dornoch Dr	Suite, Apt. #, etc. ~~FL~~
City & State Orlando	City & State Winter Park Fl
Zip 32828 Country Orange	Zip 32793 Country Orange

4. FEI Number
59-3520361
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRACKIN, ANDREA L
SPECIALTY MANAGEMENT CO.
882 JACKSON AVENUE
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: Beth Palmer
Street Address (P.O. Box Number is Not Acceptable): 13627 Dornoch Drive
City: Orlando FL Zip Code: 32828

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] 4-25-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KEATING, PHILLIP 6467 LONG BREEZE RD. ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NORWOOD, EUNICE C 6478 LONG BREEZE RD. ORLANDO, FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HONOR, KENNETH 6479 LONG BREEZE RD. ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORER, ED 5514 LONG LAKE HILLS BLVD. ORLANDO, FL 32810	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NELSON, LOREEN 5628 LONG LAKE HILLS BLVD ORLANDO, FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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: Loreen Nelson 4-25-2005 407 202 6795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #