

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 13 AM 10:06

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005248

1. Corporation Name
DEAN CHASE HOMEOWNERS ASSOCIATION, INC.

100066214281
02/20/06--01073--015 **\$1.25

REINSTATEMENT 05-06

2. Principal Office Address
7523 Aloma Ave.

3. Mailing Office Address
P.O. BOX 677296

CR2E081 (12/05)

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

City & State
Winter Park, FL

City & State
ORLANDO FL 32867-7296

5. FEI Number
59-3560700

Applied For
Not Applicable

Zip
32792

Country
Orange

Zip
32867-7296

Country
Orange

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Lorece A. Misley, L.A. Real Estate Inc.

Street Address (P.O. Box Number is Not Acceptable)
7523 Aloma Ave

100066214281
02/20/06--01073--015 **\$17.00

Suite, Apt. #, Etc.
Ste 101

City
Winter Park

State
FL

Zip Code
32792

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Lorece A. Misley
REGISTERED AGENT MUST SIGN

Date
2-8-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Wilsie Ortiz	10100 Dean Chase Blvd.	Orlando, FL 32825
S	Damaris Rodriguez	10015 Dean Chase Blvd.	Orlando, FL 32825
T	Tomas Miranda	10022 Dean Chase Blvd.	Orlando, FL 32825

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S.; I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S.; that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Wilsie Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilsie Ortiz
Date 2/8/06 4074894657
Daytime Phone #


2/13

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000005248

1. Entity Name
DEAN CHASE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**882 JACKSON AVENUE
WINTER PARK, FL 32789**

Mailing Address
**882 JACKSON AVENUE
WINTER PARK, FL 32789**

2. Principal Place of Business
**7523 Aloma Ave. St 101
Suite, Apt. #, etc.
Suite 101
City & State
Winter Park, FL
Zip 32792 Country**

3. Mailing Address
**P.O. Box 677296
Suite, Apt. #, etc.
City & State
Orlando, FL 32867-7296
Zip 32867 Country Orange**



11/15/05 01046 022 \$61.25
08272005 Chg-NP CR2E037 (10/03)

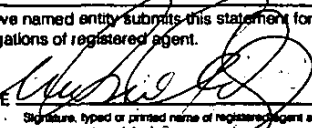
4. FEI Number **59-3560700** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**DAVIS, MARC P
882 JACKSON AVENUE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent
Name **Dean Chase, HOA**
Street Address (P.O. box numbers are acceptable)
P.O. Box 677296
City **Orlando** FL Zip Code **32867-7296**

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  (NOTE: Registered Agent signature required when reinstating) DATE

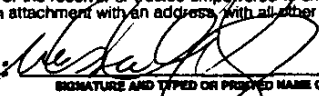
Filing Fee is **\$61.25** Due by **September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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	PD RODRIGUEZ, CARLOS DEAN CHASE BLVD. ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vincent Desantis 10112 Dean Chase Blvd. Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARCANO, EDDY DEAN CHASE BLVD. ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hollis Westmoreland 10125 Dean Chase Blvd. Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, AUSBERTO V 10030 DEAN CHASE LVD. ORLANDO, FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wilsie Ortiz 10100 Dean Chase Blvd. Orlando FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Damaris Rodriguez 10015 Dean Chase BLVD Orlando FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carlos Cortes 10113 Dean Chase Blvd. Orlando, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:  DATE: Daytime Phone #