2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000003527

FILED Oct 14, 2009 Secretary of State

Entity Name: KEW GARDENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
ourrent i	merpar r race v	New I interput I face of Business.				
6015 60TH PALMETTC		US				
Current Mailing Address:			New Mailing Address:			
6002 60TH PALMETTC		US	6009 60TH PALMETTC	ST.E), FL 34221	US	
	e with s. 607.193(2)(b), F.S., the corporation did not receive the		э. `		of Status Desired ()
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of Ne	w Regis	tered Agent:
CARROLL, 6015 60TH PALMETTC		US				
The above r		ibmits this statement for the purpose o	f changing it	s registered offi	ice or reg	gistered agent, or both,
SIGNATUR	E: ROBERT A	A. CARROLL				
		Signature of Registered Agent			D	ate
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () I CARROLL, ROBI 6015 60TH PL.E. PALMETTO, FL		Title: Name: Address: City-St-Zip:	()(Change()	Addition
Title: Name: Address: City-St-Zip:	VP () E EDGAR, DONALI 5923 60TH PL. E PALMETTO, FL		Title: Name: Address: City-St-Zip:	()(Change ()	Addition
Title: Name: Address: City-St-Zip:	SEC ()E HUCKESTEIN, VI 6111 61ST ST.E. PALMETTO, FL		Title: Name: Address: City-St-Zip:	SEC (X) C SNYDER, STEVE 6002 60TH ST. E PALMETTO, FL C	•) Addition
Title: Name: Address: City-St-Zip:	TRES () I JONES, JOSEPH 6009 60TH PLAC PALMETTO, FL	E E.	Title: Name: Address: City-St-Zip:	()(Change()	Addition
Title: Name: Address: City-St-Zip:	DIR () [MCMANIGLE, GE 6004 61ST ST.E. PALMETTO, FL		Title: Name: Address: City-St-Zip:	()(Change()	Addition
Title: Name: Address: City-St-Zip:	DIR ()[MACDONALD, K 6008 61ST ST. E PALMETTO, FL		Title: Name: Address: City-St-Zip:	()(Change ()	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT A.CARROLL PRES 10/14/2009