

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000004059

FILED
Apr 28, 2008
Secretary of State

Entity Name: PINE CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

Current Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809 US

New Mailing Address:

882 JACKSON AVENUE
WINTER PARK, FL 32789 US

FEI Number: 59-3591967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

DAVIS, MARC
882 JACKSON AVENUE
WINTER PARK, FL 32789 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: MARC DAVIS

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S/T () Delete
Name: DAVIS, RONALD
Address: 1714 PALMETTO PINE LANE
City-St-Zip: ORLANDO, FL 32826

Title: P () Delete
Name: RODRIGUEZ, BENJAMIN
Address: 2002 PALMETTO PINE LANE
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Delete
Name: BEARNS, HERB
Address: 1701 PALMETTO PINE LANE
City-St-Zip: ORLANDO, FL 32826

Title: ARBA (X) Delete
Name: LAPSKY, SARAH
Address: 2017 PALMETTO PINE LN
City-St-Zip: ORLANDO, FL 32826

Title: ARBA () Delete
Name: SHIRREFFS, MICHAEL
Address: 1920 WIREGRASS CT
City-St-Zip: ORLANDO, FL 32826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: RODRIGUEZ, BENJAMIN
Address: 2002 PALMETTO PINE LANE
City-St-Zip: ORLANDO, FL 32826

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: SHIRREFFS, MICHAEL
Address: 1920 WIREGRASS CT
City-St-Zip: ORLANDO, FL 32826

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: MICHAEL SHIRREFFS

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date