

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000005813

FILED
Apr 28, 2006
Secretary of State

Entity Name: PALM HARBOR CENTER OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7 FLORIDA PARK DRIVE
PALM COAST, FL 32135

New Principal Place of Business:

Current Mailing Address:

7 FLORIDA PARK DRIVE
PALM COAST, FL 32135

New Mailing Address:

P.O. BOX 353993
PALM COAST, FL 32135

FEI Number: 59-3622512 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANNON, FRED
7 FLORIDA PARK DR.,
SUITE C
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

STOKES, LEA A
P.O. BOX 353187
PALM COAST, FL 32135 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: LEA A. STOKES

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THORNHILL, LESLIE
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32135

Title: TD () Delete
Name: GARDNER, NANCY
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32135

Title: SD () Delete
Name: ALSON, ALFRED L M.D.
Address: 7 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: THORNHILL, LESLIE
Address: P.O. BOX 351429
City-St-Zip: PALM COAST, FL 32135

Title: PD (X) Change () Addition
Name: CORGAN, JOE
Address: 3735 CORGAN RD.
City-St-Zip: DELAND, FL 32724

Title: VPD (X) Change () Addition
Name: ALSON, ALFRED L M.D.
Address: P.O. BOX 352018
City-St-Zip: PALM COAST, FL 32135

I hereby certify that the information supplied with this filing does not qualify for the 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: LEA A. STOKES

CAM

04/28/2006

Electronic Signature of Signing Officer or Director

Date