

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000006129

FILED
Nov 20, 2008
Secretary of State

Entity Name: THE VILLAGE HOMEOWNERS ASSOCIATION OF LEE COUNTY, INC.

Current Principal Place of Business:

6121 RIVER SHORE CT.
NORTH FT. MYERS, FL 33917

New Principal Place of Business:

76 PONDELLA ROAD, SUITE 201
NORTH FT. MYERS, FL 33903

Current Mailing Address:

6121 RIVER SHORE CT.
NORTH FT. MYERS, FL 33917

New Mailing Address:

76 PONDELLA ROAD
201
NORTH FT. MYERS, FL 33903

FEI Number: 65-1092184 **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:

HOOLIHAN, THOMAS P
6121 RIVER SHORE CT.
NORTH FT. MYERS, FL 33917 US

Name and Address of New Registered Agent:

LAPOSTA, RICHARD L
76 PONDELLA ROAD
SUITE 201
NORTH FT. MYERS, FL 33903 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: RICHARD L. LAPOSTA

11/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOOLIHAN, THOMAS P
Address: 6121 RIVER SHORE CT.
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: VD () Delete
Name: HOOLIHAN, KERREY
Address: 6121 RIVERSHORE CT.
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: STD () Delete
Name: MARTIANO, JOYCE
Address: 6121 RIVERSHORE CT.
City-St-Zip: NORTH FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANIACI, FRANK
Address: 15291 RIVER VISTA DRIVE
City-St-Zip: NORTH FT. MYERS, FL 33917

Title: VD (X) Change () Addition
Name: HOOLIHAN, KERREY
Address: 6121 RIVER SHORE COURT
City-St-Zip: NORTH FT. MYERS, FL 33917

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

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: FRANK MANIACI

PD

11/20/2008

Electronic Signature of Signing Officer or Director

Date