


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000003140</b> 1. Entity Name <b>OAK CROSSING NORTH HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business 2000 E. EDGEWOOD DRIVE, STE. 103 LAKELAND, FL 33803	Mailing Address 2000 E. EDGEWOOD DRIVE, STE. 103 LAKELAND, FL 33803
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REINSTATEMENT

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>3361 W. Vine St.</b> Suite, Apt. #, etc. <b>208</b> City & State <b>Kissimmee, FL</b> Zip <b>34741</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KWON, SANG HUI</b> 2000 E. EDGEWOOD DRIVE, STE. 103 LAKELAND, FL 33803	7. Name and Address of New Registered Agent Name <b>Florida Association Management, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O Dollie Boyd</b> <b>3361 W. Vine Street, Ste 208</b> City <b>Kissimmee</b> FL Zip Code <b>34741</b>
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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: *Dollie Boyd* **Dollie Boyd**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$236.25**  
**After January 1, 2007, Fee will be \$297.50**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LADERER, EDWARD H. JR.	NAME	
STREET ADDRESS	2000 E. EDGEWOOD DRIVE, STE. 103	STREET ADDRESS	<b>800081958048</b>
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	<b>11/20/06--01061--011 **236.25</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, L.K.	NAME	
STREET ADDRESS	P.O. BOX 7357	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33807	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHBERG, JAMES H.	NAME	
STREET ADDRESS	6802 SHIMMERING DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33813	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *John W. Polking* **John W. Polking**  
Signature and typed or printed name of signing officer or director

Date: **10/18/06** Daytime Phone #: **863-646-8400**

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