2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03567

FILED Oct 19, 2004 Secretary of State

Entity Name: HARBOUR VILLA CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 595 DREAM ISLAND RD 615 DREAM ISLAND RD LONGBOAT KEY, FL 342281520 LONGBOAT KEY, FL 342281520 **Current Mailing Address: New Mailing Address:** 595 DREAM ISLAND RD 615 DREAM ISLAND RD LONGBOAT KEY, FL 342281520 LONGBOAT KEY, FL 342281520 FEI Number: 65-0047145 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: Name and Address of New Registered Agent: PFLUGNER, GEOFFREY PFLUGNER, GEOFFREY 1 CARD MERRILL ET AL 1 CARK MERRIU ET AL 2033 MAIN ST, STE. 101 2033 MAIN ST, STE. 101 SARASOTA, FL 34237 US SARASOTA, FL 34237 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: GEOFFREY PFLUGNER 10/19/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BAKER, LARRY BAKER, LARRY Name: Name: PO BOX 283 Address: PO BOX 283 Address: City-St-Zip: MINOCQUA, WI 54548 City-St-Zip: MINOCQUA, WI 54548 Title: Title: () Delete () Change () Addition GOWAN, WILLIAM Name: Name: Address: 2198 HERITAGE AVE Address: City-St-Zip: OKEMOS, MI 48864 City-St-Zip: Title: VΡ () Delete Title: (X) Change () Addition BROOKS, JIM Name: CAMERON, CONNIE Name: 615 DREAM ISLAND ROAD #304 615 DREAM ISLAND ROAD #214 Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: LONGBOAT KEY, FL 34228 Title: () Delete Title: () Change () Addition Name: DUJARDIN, DAVID Name: 615 DREAM ISLAND ROAD Address: Address: City-St-Zip: LONGBOAT KEY, FL 34228 City-St-Zip: Title: () Delete Title: () Change () Addition THOMPSON, ROBERT Name: Name: 2336 FAIRHAVEN RD Address: Address: DAVENPORT, IA 52803 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition STYLES, R. P. G., Name: Name: Address: 8 YORKRIDGE ROAD WILLOWDALE Address: TORONTO, ONTARIO, M291R City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID DUJARDIN P 10/19/2004