

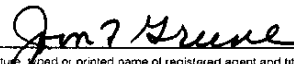
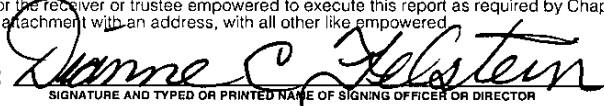


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 742292 1. Entity Name CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.			FILED 05 NOV -1 PM 12: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA 
Principal Place of Business 1020 W. MARION AVE 53 PUNTA GORDA, FL 33950		Mailing Address 1020 W. MARION AVE 53 PUNTA GORDA, FL 33950	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 100 Sullivan St Suite, Apt. #, etc. 112 City & State PUNTA GORDA FL Zip 33950 Country USA	
		10122005 REIN-NP CR2E099 (6/04)	
		4. FEI Number 59-2341659 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELSH, CLARENCE J 1020 W. MARION AVE #53 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Joan F. Greene Street Address (P.O. Box Number is Not Acceptable) 100 Sullivan St Ste 112 City PUNTA GORDA FL Zip Code 33950	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 10/12/05	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD <input checked="" type="checkbox"/> Delete NAME WELSH, CLARENCE J STREET ADDRESS 1020 W MARION AVE. #53 CITY-ST-ZIP PUNTA GORDA, FL 33950	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 200061078802 STREET ADDRESS 11/01/05--01059--004 **\$61.25 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME LEONARD, ROBERT STREET ADDRESS PO BOX 271 CITY-ST-ZIP JAMESPORT, NY 11947	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PD Leonard, Robert STREET ADDRESS P.O. Box 271 CITY-ST-ZIP JAMESPORT NY 11947		
TITLE VP <input checked="" type="checkbox"/> Delete NAME SENN, MAX STREET ADDRESS 1020 W MARION AVE. #42 CITY-ST-ZIP PUNTA GORDA, FL 33950	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME BARTNIK, DORIS N STREET ADDRESS 1020 W. MARION AVE #51 CITY-ST-ZIP PUNTA GORDA, FL 32950	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VPO STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> Delete NAME MARSH, WILMA STREET ADDRESS 1020 W. MARION AVE 50 CITY-ST-ZIP PUNTA GORDA, FL 33950	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TD DIANE Feltstein STREET ADDRESS 1020 W. MARION AVE #45 CITY-ST-ZIP PUNTA GORDA FL 33950		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/12/05 <small>Daytime Phone #</small>	