


APPROVED
AND
FILED

06 MAY -3 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 743480	
1. Entity Name SPINDRIFT CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 2198 PRINCETON STREET # 20 460 Beach Rd SARASOTA, FL 34237 US	Mailing Address 2198 PRINCETON STREET # 20 460 Beach Rd SARASOTA, FL 34237 US
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2. Principal Place of Business 2477 Stickney Pt Rd Suite, Apt. #, etc. 118A	3. Mailing Address ← same
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City & State Sarasota, FL	City & State
Zip 34231	Country Sarasota

01042006 REIN-NP CR2E099 (11/05)

4. FEI Number
59-2196657

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

ARGAS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD
STE 118A
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

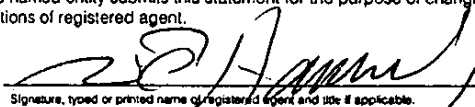
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, TRAMMELL 1418 LADUE LANE SARASOTA, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, NANCY 1830 STRATFORDS DR OWENSBORO, KY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALO, RENE 460 BEAD RD SARASOTA, FL 34242 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

200075377052
05/26/06 01047 004 **297.50

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

510
80