


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 19 AM 8:29

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| DOCUMENT # N00000002485 1. Entity Name PRESERVE COMMONS COMMERCIAL ASSOCIATION, INC. |  |
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| Principal Place of Business 4501 TAMiami TRAIL NO SUITE 300 NAPLES, FL 34103 | Mailing Address 4501 TAMiami TRAIL NO SUITE 300 NAPLES, FL 34103 |
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REINSTATEMENT 05-06



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| 2. Principal Place of Business 4980 TAMiami TRAIL N. Suite, Apt. #, etc. Ste 101 | 3. Mailing Address 4980 TAMiami TRAIL N. Suite, Apt. #, etc. Ste 101 |
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12052005 REIN-NP CR2E099 (6/04) 05-06

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| City & State NAPLES, FL Zip 34103 | City & State NAPLES FL Zip 34103 |
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| 4. FEI Number 59-3675222 | Applied For Not Applicable |
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| 6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ GOODLETTE COLEMAN & JOHNSON, P.A. 4001 TAMiami TRAIL NO STE 300 NAPLES, FL 34103 | 7. Name and Address of New Registered Agent Name: STOCK PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable): 4980 TAMiami TRAIL N Ste 101 City: NAPLES FL Zip Code: 34103 |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | Applied For Not Applicable |
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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: Sheryl Hilburn SHERYL HILBURN PRES. SPM 12-5-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|---------------------|--|---|----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STOCK, K.C. | | NAME | HARDY, PAUL | |
| STREET ADDRESS | 5692 STRAND CT | | STREET ADDRESS | 5659 STRAND COURT #101 | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | CITY-ST-ZIP | NAPLES, FL 34109 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STCK, BRIAN K | | NAME | CHAM, GEORGE | |
| STREET ADDRESS | 5692 STRAND CT | | STREET ADDRESS | 7675 MARGHERITA WAY | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | CITY-ST-ZIP | NAPLES, FL 3410 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | DST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLACK, BRAD | | NAME | BLOCK, STEVE | |
| STREET ADDRESS | 5692 STRAND CT | | STREET ADDRESS | 8135 LAKE WORTH ROAD STE B | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBER, BETH | | NAME | | |
| STREET ADDRESS | 5692 STRAND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | CITY-ST-ZIP | | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOULDSWORTH, SANDRA | | NAME | | |
| STREET ADDRESS | 5692 STRAND CT | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES, FL 34110 | | 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 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: Sheryl Hilburn Agent For The Assoc 12-5-05 235 261-9232
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #