

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 21 PM 12:35



**DOCUMENT # N03000003795**  
 1. Entity Name  
**WAVERLY GREENS AT CARLTON LAKES, INC.**

Principal Place of Business  
 6025 CARLTON LAKES BLVD.  
 NAPLES, FL 34110

Mailing Address  
 6025 CARLTON LAKES BLVD.  
 NAPLES, FL 34110

*c/o Pegasus Property Management*



2. Principal Place of Business  
**17595 S. Tamiami Trail**

3. Mailing Address  
**17595 S. Tamiami Trail**

Suite, Apt. #, etc.  
**Suite 100**

10152004 REIN-NP CR2E099 (6/04)

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33908**

Country  
**USA**

4. FEI Number  
**33-1085555**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**SWALM & BOURGEOIS, P.A.**  
 2375 TAMIAMI TRAIL N  
 SUITE 308  
 NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name  
**SWALM, Bourgeois + James PA**

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]* DATE 10-19-04

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, 2005, Fee will be \$297.50**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, JON 2907 BAY TO BAY BLVD. #301 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDO, DOUGLAS 2907 BAY TO BAY BLVD. #301 TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREITENWISCHER, KIRK 8584 KATY FREEWAY, SUITE 200 HOUSTON, TX 77024	<input checked="" 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	PRID Peter Comeau 2907 Bay to Bay Blvd, Ste. 202 Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP / D John Campbell 12730 New Brittany Blvd, Suite 400 Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. / Tres. / D Daniel Forkell 2907 Bay to Bay Blvd, Ste. 301 Tampa, FL 33629	<input type="checkbox"/> Change <input checked="" 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

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: *[Signature]* Date 10-15-04 Daytime Phone # 813-835-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/15/04*