2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000005470

FILED Oct 05, 2004 Secretary of State

Entity Name: PELICAN BAY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 9485 SUNSET DRIVE 12448 SW 127TH AVENUE SUITE A-295 MIAMI, FL 33186 MIAMI, FL 33173 **Current Mailing Address: New Mailing Address:** 9485 SUNSET DRIVE 12448 SW 127TH AVENUE SUITE A-295 MIAMI, FL 33186 MIAMI, FL 33173 FEI Number: 20-1686951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRIDE HOMES BY GARCO, LLC LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A 9485 SUNSET DRIVE 5835 BLUE LAGOON DRIVE SUITE 200 SUITE A-295 MIAMI, FL 33173 US MIAMI, FL 33126 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: ANIBAL J. DUARTE-VIERA, P.A. PRESIDENT 10/05/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SIERRA, FELIX Name: Name: 9485 SUNSET DRIVE SUITE A-295 Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: VSD () Delete Title: () Change () Addition Name: SPANO, KIMBERLY Name: Address: 9485 SUNSET DRIVE SUITE A-295 Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: VTD () Delete Title: () Change () Addition GARCIA, GENE Name: Name: 9485 SUNSET DRIVE SUITE A-295 Address: Address: City-St-Zip: MIAMI, FL 33173 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: FELIX SIERRA PD 10/05/2004