
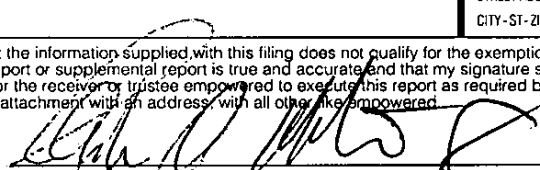


**2005 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # N03000008743			
1. Entity Name VAN LOON COMMONS CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990	
Mailing Address 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990		2. Principal Place of Business 4427 SE 16th Place Suite, Apt. #, etc. Suite #2	
3. Mailing Address 8270-201 College Pkwy Suite, Apt. #, etc.		City & State Cape Coral, Fl	
City & State Fort Myers, Fl		4. FEI Number N/A	
Zip 33904		Country	
Zip 33919		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WHITE, E. AUSTIN ESQ 14241 METROPOLIS AVE STE 100 FORT MYERS, FL 33912		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$122.50</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	DP WROTEN, MELVIN O JR 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Wroten, Melvin O Jr. P.O. Box 181520 Cape Coral, FL 33915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONDERO, JOHN 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLT, JOANNE 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600055379856 05/26/05--01066--003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

REINSTATEMENT SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 05  
04