


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAR 16 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000006911 1. Entity Name VILLAS OF OCEAN GATE II CONDOMINIUM ASSOCIATION, INC.	
--	---

Principal Place of Business 4730 A1A SOUTH ST AUGUSTINE, FL 32080	Mailing Address 4730 A1A SOUTH ST AUGUSTINE, FL 32080
---	---

REINSTATEMENT 05-06 PH



2. Principal Place of Business 79 Masters Drive Suite, Apt. #, etc.	3. Mailing Address 79 Masters Drive Suite, Apt. #, etc.
---	---

02282006 REIN-NP CR2E099 (11/05)

City & State St. Augustine, FL Zip 32084 Country US	City & State St. Augustine, FL Zip 32084 Country US
--	--

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent WILLIAMS, JOHN M 4730 A1A SOUTH ST AUGUSTINE, FL 32080	7. Name and Address of New Registered Agent Name: <u>Herren, Janice L</u> Street Address (P.O. Box Number is Not Acceptable): <u>79 Masters Drive</u> City: <u>St. Augustine</u> FL Zip Code: <u>32084</u>
---	--

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: Janice Herren 000068561990
03/24/06--01007--024 **174.75
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN M 4730 A1A SOUTH ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mitchell, Terry 401 Montego Bay St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, KARL L 4730 A1A SOUTH ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	T NAME STREET ADDRESS CITY-ST-ZIP	Hibbard, Louise 301 Royal Caribbean Ct. St. Augustine, FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAMBERG, JOHN B 4730 A1A SOUTH ST AUGUSTINE, FL 32080 <input checked="" type="checkbox"/> Delete	D NAME STREET ADDRESS CITY-ST-ZIP	Shewey, Bob 5714 S.W. 36th Way Gainesville, FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY-ST-ZIP	Gallo Paul 31105 Hunnington Woods Parkway Bay Village, OH 44140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY-ST-ZIP	Bramlitt, Denise 148 Hiawatha Ct. East. Palatka, FL 32131 <input type="checkbox"/> Change <input checked="" 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 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 another like empowered.

SIGNATURE: Terry Mitchell 2/28/06 904.819-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #