

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 25, 2006  
Secretary of State**

DOCUMENT# N05000012792

Entity Name: HERITAGE BAY UMBRELLA ASSOCIATION, INC.

**Current Principal Place of Business:**

5801 PELICAN BAY BOULEVARD  
SUITE 600  
NAPLES, FL 34108

**New Principal Place of Business:**

11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913

**Current Mailing Address:**

5801 PELICAN BAY BOULEVARD  
SUITE 600  
NAPLES, FL 34108

**New Mailing Address:**

11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUEMLER, TIMOTHY J  
5801 PELICAN BAY BOULEVARD  
SUITE 600  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

SARVER, HELEN I  
11691 GATEWAY BLVD.  
SUITE 203  
FORT MYERS, FL 33913 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: HELEN I. SARVER 10/25/2006  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALLORAN, DAN  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASD ( ) Delete  
Name: UNSINN, DIANA  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD ( ) Delete  
Name: TRONGONE, TOM  
Address: 5801 PELICAN BAY BLVD. #600  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: SMITH, RUSSELL  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ASD ( ) Delete  
Name: REYNOLDS, FRANK  
Address: 10481 SIX MILE CYPRESS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAN HALLORAN PD 10/25/2006  
Electronic Signature of Signing Officer or Director Date