

**2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000007556

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** THE BUNGALOWS OF PORT ORANGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

5393 SHORELINE CIRCLE  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 11-3772934      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KOIVU, MARK  
53393 SHORELINE CIRCLE  
SANFORD, FL 32771    US

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

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: MARK T. KOIVU

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: KOIVU, WILLIAM  
Address: 5393 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: PD  
Name: KOIVU, MARK  
Address: 5393 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

Title: STVD  
Name: KOIVU, LORI  
Address: 5393 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: MARK T. KOIVU

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

01/03/2012

\_\_\_\_\_  
Date