2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:

DOCUMENT # N97000005501 05 DAY -9 AM 8: 31 1. Entity Name SUNSCAPE CONDOMINIUM ASSOCIATION, INC. TALLAHA SELETAHA Principal Place of Business Mailing Address 4226 DEL PRAUN BLVD 4226 DEL PRAUN BLVD CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business 3. Mailing Address AMERICAN CONDO MANAGEMENT FUR AMBRICAN CONDO MUNGEMENT. Te. Apt. #, etc.
P. O. Box 10039 TEAR. SHE IS 909 SE City & State City & State 4. FEI Number 65-0848094 Applied For CAPE COLA Not Applicable Zin Zio Country \$8.75 Additional 5. Certificate of Status Desired П USA 33904 USA 33910 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KASE PIERCE, ILAMARIE Street Address (P.O. Box Number, is Not Acceptable) 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 City Zip Code CAPE CORAL 33904 8. The above named entity submits this statement for the purpose of changing its registered office or regi tered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP Delete Addition TITLE ☐ Change TITLE GARY Brown WEGNER, ROBERT G NAME NAME 13111 Patterson 4108 SE 18TH AVE #204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-ZIP N.LAWRENCE, OH Bill Corngan Ave, #204 DVP Delete TITLE TITLE WOOD IAN NAME NAME 4108 SE 18TH AVENUE #202 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CAPE CORAL, FL 33904 CITY-ST-7IP DVPT TITLE Delete TITLE John Helman. 3017 HIAWATTA PIERSON, JIM NAME NAME 4108 SE 18TH AVENUE #101 STREET ADDRESS STREET ADDRESS CO 80538 CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 20005474599820 Addition 05/18/05-01058-010 **236.25 Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P ☐ Change Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 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.

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