

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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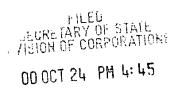
1. Corporation Name

VILLAS OF PARK DRIVE CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

SIGNATURE:

Mailing Address



		PARK DR., #B , HARBOUR FL 33154	•				
Suite, Apt. #, etc. ## F		lew Mailling, Office Address, If A O Park Dr a, Apt. #, etc. # F	ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For		
City & State Ba (Zip 331	Horbour FL Ba S4 Maini - Dade 5	8. State 1 Harbour, FL Country 3154 Min		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
Title(s)	Name of Officers and/or Directors 2		et Address of Each cer and/or Director		4	City / State / Zip	
PTD	MCCAFFREY, CHARLES G IV	60 PARK DR., #1	В	BAL HARBOUR FL 33154			
VSD	OLSEN, JOHN	224 BAL BAY DE		BAL HARBOUR FL 33154			
D	ENNETT, BOBBY 60 PARK DR., #C			BAL HARBOUR FL 33154			
				B	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5 50874 001065021 .25_*****\$1.25	
8. Name and Address of Current Registered Agent				9. Name and A	ddress of New Regis	stered Agent	
MCCAFFREY, CHARLES G IV 1111 KANE CONCOURSE(96TH ST.), #303 BAY HARBOR FL 33154			Name Charles G. McCaffrey IV Street Address (P.O. Box Number is Not Acceptable): //// Kane Concourse (96 m St.) Suite, Apt. #, Etc. 501 City Harbor Island FL 33154				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 10/18/2000 REGISTERED AGENT MUST SIGN							
this rein owed by	that I am an officer or director or the receiver or tre statement application, the reason for dissolution h the corporation have been paid and the names of pplication is true and accurate, and my signature	as been eliminated, the corpor of individuals listed on this form	ate name satisfies to do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.S., that all fees	



Charles G. McCaffrey 60 Park Dr., #B Bal Harbour, FL 33154

October 17, 2000

Dear Sir or Madam,

Re: Villas Park Drive Condo Association, Inc., A Florida Not for profit Corporation

Florida Department of State Division of Corporation Reinstatement Division P.O. Box 6327 Tallahassee, FL. 32314

I received an application for reinstatement regarding above on approximately 10/13/00.

I did not receive the annual report form at either the principle office address- 60 Park Drive unit B, Bal Harbour, FL. 33154 or at the Registered Agents office at 1111 Kane Concourse suite 303, Bay Harbor, FL. 33154.

I always respond promptly and diligently to these matters and state again that I never received the annual report form.

Enclosed find a completed application for reinstatement along with a check for \$61.25.

Thank you very much for your consideration with this matter.

Charles G. McCaffrey

Registered or Agent and President of Villas of Park Drive Condo Assoc., Inc.