
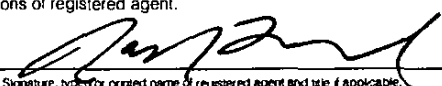
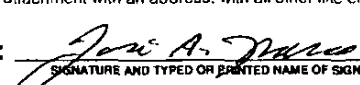


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005965 1. Entity Name RUSH PARK WEST OWNERS ASSOCIATION, INC.					
Principal Place of Business 455 RUSH PARK CIR MARY ESTHER, FL 32569			Mailing Address PO BOX 925 MARY ESTHER, FL 32569		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3439302	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FOUNTAIN, KENNETH R 8855 NAVARRE PKWY NAVARRE, FL 32566			Name RAYMOND F. NEWMAN, JR.		
			Street Address (P.O. Box Number is Not Acceptable) LAW FIRM OF BECKER & POLIAKOFF, P.A.		
			348 MIRACLE STRIP PKWY, SUITE 7		
			City FORT WALTON BEACH		FL Zip Code 32548-5253
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 		RAYMOND F. NEWMAN, JR.		10-11-05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	ARRIETA, CAROL	<input checked="" type="checkbox"/> Delete	TITLE D	STEVEN COPUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 461 RUSH PARK CIR	MARY ESTHER, FL 32569		STREET ADDRESS 400 WEST PARK DR.	MARY ESTHER PL. 32569	
CITY-ST-ZIP MARY ESTHER, FL 32569			CITY-ST-ZIP MARY ESTHER FL. 32569		
TITLE SD	JORDAN, JEAN	<input type="checkbox"/> Delete	TITLE 700060581047		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 451 W. PARK DR.	MARY ESTHER, FL 32569		STREET ADDRESS 10/13/05--01054--001	**\$61.25	
CITY-ST-ZIP MARY ESTHER, FL 32569			CITY-ST-ZIP		
TITLE TD	IBARRA, JOSE	<input type="checkbox"/> Delete	TITLE V D	ERIC BOWMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 469 W. PARK DR	MARY ESTHER, FL 32569		STREET ADDRESS 502 RUSH PARK CIR	MARY ESTHER FL. 32569	
CITY-ST-ZIP MARY ESTHER, FL 32569			CITY-ST-ZIP MARY ESTHER FL. 32569		
TITLE V D P D	MCFARLAND, TERRI	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 464 RUSH PARK CIR	MARY ESTHER, FL 32569		STREET ADDRESS		
CITY-ST-ZIP MARY ESTHER, FL 32569			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 		6 OCT 2005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

FILED
05 OCT 13 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09252005 REIN-NP CR2E099 (6/04)