


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000005965 1. Entity Name RUSH PARK WEST OWNERS ASSOCIATION, INC.			06 OCT 10 PM 2:44
Principal Place of Business 456 RUSH PARK CIR MARY ESTHER, FL 32569		Mailing Address PO BOX 925 MARY ESTHER, FL 32569	
2. Principal Place of Business 451 WEST PARK DR Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State MARY ESTHER FL	City & State		4. FEI Number 59-3439302
Zip 32569	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent NEWMAN, RAYMOND F JR LAW FIRM OF BECKER & POLIAKOOF, P.A 348 MIRACLE STRIP PKWY, STE 7 FORT WALTON BCH, FL 32548-5253		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	D COPUS, STEVEN <input type="checkbox"/> Delete 460 WEST PARK DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600040680006 10/10/06-11057-011 +\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JORDAN, JEAN <input type="checkbox"/> Delete 451 W. PARK DR. MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IBARRA, JOSE <input checked="" type="checkbox"/> Delete 469 W. PARK DR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAREN BUTLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 519 RUSH PARK CIR MARY ESTHER FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWMAN, ERIC <input type="checkbox"/> Delete 502 RUSH PARK CIR MARY ESTHER, 32 56969	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOWMAN, ERIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 502 RUSH PARK CIR MARY ESTHER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFARLAND, TERRI <input checked="" type="checkbox"/> Delete 484 RUSH PARK CIR MARY ESTHER, FL 32569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 RUSH PARK CIR MARY ESTHER FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jean Jordan</u> <u>JEAN JORDAN SD</u>		Date <u>10-5-06</u>	Daytime Phone # <u>(850) 581-5347</u>



REINSTATEMENT

B. Mitches OCT 10 2006