

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -3 AM 11:21

DOCUMENT # N05000005669 1. Entity Name ISLAND CLUB AT ROCKY POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2801 NORTH ROCKY POINT DRIVE TAMPA, FL 33607				Mailing Address 2801 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3001 Executive Dr. Suite 260 Clearwater FL 33762 USA		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>	
4. FEI Number 20-4118547				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10102006 REIN-NP CR2E099 (11/05)	
6. Name and Address of Current Registered Agent CORPCO, INC. 100 N.E. THIRD AVENUE SUITE 280 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Condominium Associates Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr. Suite 260 City Clearwater FL Zip Code 33762		
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 <u><i>By Cyndy Caldwell, Vice President</i></u> DATE <u>10-25-06</u> <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 FULLER, STEPHEN M TWO ALHAMBRA PLAZA, SUITE 1280 CORALGABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200081492862 11/03/06--01018--006 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGRO, DAVID TWO ALHAMBRA PLAZA, SUITE 1280 CORALGABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIKE FERRAGAMO 3307 BAY CLUB CIR. TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINA, ANA TWO ALHAMBRA PLAZA, SUITE 1280 CORALGABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>10-25-06</u> Daytime Phone #			