



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 | | <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">REINSTATEMENT</div>  | |
| 2. Principal Place of Business | | 3. Mailing Address 3001 Executive Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. Suite 260 | | | |
| City & State | | City & State Clearwater FL | | | |
| Zip | Country | Zip 33762 | Country USA | 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 | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPCO, INC. 100 N.E. THIRD AVENUE SUITE 280 FORT LAUDERDALE, FL 33301 | | | 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 | | By <u>Cy D Caldwell, Vice President</u> | | 10-25-06 | |
| 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, 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FULLER, STEPHEN M | | NAME | 200081492862 | |
| STREET ADDRESS | TWO ALHAMBRA PLAZA, SUITE 1280 | | STREET ADDRESS | 11/03/06--01018--006 **122.50 | |
| CITY-ST-ZIP | CORALGABLES, FL 33134 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | NIGRO, DAVID | | NAME | MIKE FERRAGAMO | |
| STREET ADDRESS | TWO ALHAMBRA PLAZA, SUITE 1280 | | STREET ADDRESS | 3307 BAY CLUB CIR. | |
| CITY-ST-ZIP | CORALGABLES, FL 33134 | | CITY-ST-ZIP | TAMPA, FL 33607 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | REINA, ANA | | NAME | | |
| STREET ADDRESS | TWO ALHAMBRA PLAZA, SUITE 1280 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CORALGABLES, FL 33134 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 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 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>[Signature]</u> | | | 10-25-06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |