2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2007
Secretary of State

DOCUMENT# N05000009606

Entity Name: SIERRA GRANDE NINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6975 SIERRA CLUB CIRCLE
NAPLES, FL 34113

New Principal Place of Business:

6995 SIERRA CLUB CIRCLE
NAPLES, FL 34113

Current Mailing Address:

6975 SIERRA CLUB CIRCLE
NAPLES, FL 34113

New Mailing Address:

3365 WOODS EDGE CIRCLE
BONITA SPRINGS, FL 34134

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEIN, MICHAEL J
6975 SIERRA CLUB CIRCLE
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

STEIN, MICHAEL J
3365 WOODS EDGE CIRCLE
BONITA SPRINGS, FL 34134 US

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.

SIGNATURE: MICHAEL J. STEIN 09/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STEIN, MICHAEL
Address: 6975 SIERRA CLUB CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: DS ( ) Delete
Name: SEIFERT, STEVE
Address: 6975 SIERRA CLUB CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: DT ( ) Delete
Name: GLOER, DENISE
Address: 6975 SIERRA CLUB CIRCLE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STEIN, MICHAEL
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS (X) Change ( ) Addition
Name: SEIFERT, STEVE
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT (X) Change ( ) Addition
Name: GLOER, DENISE
Address: 3365 WOODS EDGE CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. STEIN PD 09/19/2007
Electronic Signature of Signing Officer or Director Date