


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000005060 1. Entity Name THE TOWNHOMES AT LIGHTHOUSE COVE II CONDOMINIUM ASSOCIATION, INC						FILED 07 SEP 25 PM 1:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ADVANCED MGMT, INC OF SW FLORIDA 9031 TOWN CENTER PKWY BRADENTON, FL 34202				Mailing Address ADVANCED MGMT, INC OF SW FLORIDA 9031 TOWN CENTER PKWY BRADENTON, FL 34202			
2. Principal Place of Business - No P.O. Box # 1001 CARLTON ARMS				3. Mailing Address SAME (1001 CARLTON ARMS)			
Suite, Apt. #, etc. 1				Suite, Apt. #, etc. 1			
City & State BRADENTON FL				City & State BRADENTON, FL			
Zip 34208		Country USA		Zip 34208		Country USA	
4. FEI Number 20-2869517				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 ADVANCED PROP. MGMT., INC OF SW FLORIDA 9031 TOWN CENTER PKWY BRADENTON, FL 34202				7. Name and Address of New Registered Agent Name FLORIDA RESORTS REALTY LLC Street Address (P.O. Box Number is Not Acceptable) 1001 CARLTON ARMS City BRADENTON FL Zip Code 34208			
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>Janet Hopkins</i></u> <u><i>Florida Resorts Realty</i></u> <u><i>9/18/07</i></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 \$236.25 After January 1, 2008, Fee will be \$297.50				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	AS WILSON, DOUGLAS E 9031 TOWN CENTER PKWY BRADENTON, FL 34202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSOC MGR JANET HOPKINS 1001 CARLTON ARMS BRADENTON, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENSON, STEVEN 551 NORTH CATTLEMAN RD SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICHARD MILLER 873 SOUTH TRAIL OSPREY, FL 34229	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIELE, ANDREA 551 NORTH CATTLEMAN RD SUITE 202 SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/TREAS. CARL OGDEN 6838 74th ST, CIRCLE BRADENTON, FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMPBELL, MICHAEL E 551 NORTH CATTLEMAN RD SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200109894302 09/25/07--01034--009 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/27	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/25/07--01034--009 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/27	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/25/07--01034--009 **236.25	<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>Richard J Miller Pres.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>9-18-07</i></u> <small>Date</small>		<u><i>800-966 5606</i></u> <small>Daytime Phone #</small>	