

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 NOV 21 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000007571</b> 1. Entity Name <b>TREASURES ON THE BAY III CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1900 S TREASEURES DR NORTH BAY VILLAGE, FL 33141</b>			Mailing Address <b>1900 S TREASEURES DR NORTH BAY VILLAGE, FL 33141</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>APPLIED FOR 261639629</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>ASSOCIATION LAW GROUP, P.L. 1666 KENNEDY CAUSEWAY STE 305 NORTH BAY VILLAGE, FL 33141</b>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2009, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROTTER, GREG 1900 S. TREASURE DR. #1F NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHITTY, MERRI M 7501 EAST TREASURES DRIVE NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRUITT, SCOTT 1900 S. TREASURE DR., #1F NORTH BAY VILLAGE, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT 2008</b>  </div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT 2008</b>  </div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT 2008</b>  </div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <b>REINSTATEMENT 2008</b>  </div>	<input type="checkbox"/> Delete			
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>Merri Chitty, VD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-20-08 305-866-9915 <small>Date Daytime Phone #</small>		