2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 724643

1. Entity Name
CORAL CAY CONDOMINIUM ASSOCIATION, INC.

FILED
05 MAY -2 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

514/05 90127 028 61.25

04262005 REIN-NP CR2E099 (6/04)

Principal Place of Business	Mailing Address
HERITAGE REALTY, INC. 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US	HERITAGE REALTY, INC. 4226 DEL PRADO BLVD CAPE CORAL, FL 33904 US

2. Principal Place of Business	3. Mailing Address
c/o American Condo Mgmt	c/o American Condo Mgmt
Suite, Apt. #, etc. 909 SE 47th Terr #105	Suite, Apt. #, etc. PO Box 100399
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33904 Country	Zip 33910 Country

4. FEI Number
59-1562384
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERCE, ILAMARIE 4226 DEL PRADO BLVD CAPE CORAL, FL 33904	Name: SUSAN KASE Street Address (P.O. Box Number is Not Acceptable): c/o American Condo Mgmt 909 SE 47th Terr, #105 City: CAPE CORAL FL Zip Code: 33904

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: Susan Kase 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	TD DE FARIA, EDUARDO J 606 SE 6TH ST #D CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sam Rodman 606 SE 6th St, #C CAPE CORAL, FL 33990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD IRVIN, JAMES 3027 SE 5TH CT. CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Mary Jaspe 606 SE 6th St #G CAPE CORAL, FL 33990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHULZ, COLLEEN A 608 SE 6TH ST #G CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RISCHMILLER, R. F. 2410 SW 50TH LANE CAPE CORAL, FL 33914	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100054341871 05/12/05--01074--018 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sam Rodman SAM RODMAN 4-26-05 772-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (239)