2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOGUMENT # 730071 1. Entity Name CLAM COURT CONDOMINIUM, INC.						FILED 05 0EC 21 PM 2: 53			
Principal Place of Business Mailing Address 1195 CLAM CT 1195 CLAM CT #202 #202 NAPLES, FL 34102 US NAPLES, FL 34102 US								ART OF STAT ISSEE, FLORIC	((6) 6) (80)
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10202005 RE	IN-NP	CR2E099 (6/04)	
City & Stat	ė	(City & State			4. FEI Number 59-165537	<u>'</u> 4		plied For
Zip	Country Zip		Cou	5. Certificate of Status		tatus Desired	_ \$8.75 Additional		
6. Name and Address of Current Registered Agent				l	ļ.,.	7. Name and Address of New Registered Agent			
WATERMAN, JOELLEN Street Address (P						s (P.O. Box Number is I	Not Acceptable)	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 and the its applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 Make check payable to Florida Department of State									
10.		RS AND DIRECTOR		11.	ſ	ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTORS IN	
NAME STREET ADDRESS CITY-ST-ZIP	PD WATERMAN, JOELLEI 1195 CLAM COURT #2 NAPLES, FL 34102		☐ Delete			900 12/21/05	10622: 5-01005-	□ Change 9:3:1:09 -0:09 **236	□ Addition .25
TITLE	VD		☐ Delete	TITL				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PUSICH, TOM 1195 CLAM COURT #2 NAPLES, FL 34102	203			TE EET ADDRESS '-ST-ZIP				
TITLE	TD SAMEEUR CLEAN		☐ Delete	TITL				☐ Change	Addition .
STREET ADDRESS CITY-ST-ZIP	SAWTELK, GLENN 1195 CLAM COURT #1 NAPLES, FL 34102	103			EET ADDRESS '-ST-ZIP				 :
TITLE NAME		· -	☐ Delete	TITL	l.			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP				
TITLE NAME	19.1	11	☐ Delete	TITL				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	BUN			STR	EET ADDRESS '-ST-ZIP				
TITLE NAME	!		☐ Delete	TITL				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRI CITY	EET ADDRESS '-ST-ZIP				
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.									
SIGNAT	E WOLL	addless, will and		+		17	1010	سسب	