



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 740927 1. Entity Name PINELAND PARK CLUB INC.						FILED 07 MAY 21 PM 3: 28 FLORIDA STATE PALM BEACH, FLORIDA	
Principal Place of Business 4150 BELAIR LANE NAPLES, FL 34103 US				Mailing Address % FINANCIAL MANAGEMENT SERVICES P.O. BOX 11496 NAPLES, FL 34101-1496			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 REINSTATEMENT 0427-0000 REINSTATEMENT 06-07 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1991003		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				REINSTATEMENT 0427-0000 REINSTATEMENT 06-07 (1/07)			
6. Name and Address of Current Registered Agent							
FINANCIAL MGMT SERVICES 5020 TAMAMI TRAIL N, #200 1250 Tamiami Trail NO NAPLES, FL 34103 #307							
7. Name and Address of New Registered Agent							
Name				700103933987 06/05/07--01062--006 **122.50 4/26/07			
Street Address (P.O. Box Number is Not Acceptable)							
City							
FL Zip Code				700103933987 06/05/07--01062--006 **122.50 4/26/07			
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>DAWN MCCULLOUGH</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$122.50				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
Make check payable to Florida Department of State				4/26/07			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPOERLEIN, WALTER N 4150 BELAIR LANE #210 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHEATLEY, PAUL R 4150 BELAIR LANE #208 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELLAROCCHO, VINCENT 4150 BELAIR LANE #207 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGH, HANS 4150 BELAIR LANE #107 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O MALLEY, THOMAS F 4150 BELAIR LANE 210 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENDLER, DIETER 4150 BELAIR LANE #206 NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete						
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
VTD SPOERLEIN, WALTER N. 4150 BELAIR LANE #210 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
PD WHEATLEY, PAUL R. 4150 BELAIR LANE #208 NAPLES, FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
SD LAWRENCE, ROBB L. 4150 BELAIR LANE #201 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
D GROVES, SAM 4150 BELAIR LANE #106 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
D KELLY, PAUL 4150 BELAIR LANE #209 NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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>Walter N. Spoerlein</u> Walter N. Spoerlein 4/27/07 239-262-3892 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							