



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 742292</b> 1. Entity Name <b>CHARLOTTE BAY VILLAS ASSOCIATIONS, INC.</b>						<b>FILED</b> <b>05 NOV -1 PM 12: 05</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1020 W. MARION AVE</b> <b>53</b> <b>PUNTA GORDA, FL 33950</b>				Mailing Address <b>1020 W. MARION AVE</b> <b>53</b> <b>PUNTA GORDA, FL 33950</b>			
2. Principal Place of Business		3. Mailing Address <b>100 Sullivan St</b>					
Suite, Apt. #, etc. <b>112</b>		Suite, Apt. #, etc. <b>112</b>					
City & State <b>PUNTA GORDA FL</b>		City & State <b>PUNTA GORDA FL</b>					
Zip <b>33950</b>		Country <b>USA</b>		4. FEI Number <b>59-2341659</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				10122005 REIN-NP CR2E099 (6/04)			
6. Name and Address of Current Registered Agent <b>WELSH, CLARENCE J</b> <b>1020 W. MARION AVE</b> <b>#53</b> <b>PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name <b>Joan F. Greene</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Sullivan St</b> <b>Stc 112</b> City <b>PUNTA GORDA FL</b> Zip Code <b>33950</b>			
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>Joan F. Greene</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>10/12/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2006, 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 PD <input checked="" type="checkbox"/> Delete NAME WELSH, CLARENCE J STREET ADDRESS 1020 W MARION AVE, #53 CITY-ST-ZIP PUNTA GORDA, FL 33950				<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200061078802</b> <b>11/01/05--01059--004 **\$1.25</b>			
TITLE D <input type="checkbox"/> Delete NAME LEONARD, ROBERT STREET ADDRESS PO BOX 271 CITY-ST-ZIP JAMESPORT, NY 11947				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>Leonard, Robert</b> <b>P.O. Box 271</b> <b>JAMESPORT NY 11947</b>			
TITLE VP <input checked="" type="checkbox"/> Delete NAME SENN, MAX STREET ADDRESS 1020 W MARION AVE, #42 CITY-ST-ZIP PUNTA GORDA, FL 33950				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE TD <input type="checkbox"/> Delete NAME BARTNIK, DORIS N STREET ADDRESS 1020 W. MARION AVE #51 CITY-ST-ZIP PUNTA GORDA, FL 32950				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VPO</b>			
TITLE SD <input type="checkbox"/> Delete NAME MARSH, WILMA STREET ADDRESS 1020 W. MARION AVE 50 CITY-ST-ZIP PUNTA GORDA, FL 33950				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TD</b> <b>DIANE Feltstein</b> <b>1020 W. MARION AVE #45</b> <b>PUNTA GORDA FL 33950</b>			
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: <u><i>Diane Feltstein</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>10/12/05</u> <small>Date</small>			
<small>Daytime Phone #</small>							