2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT #749946 05 MAY -9 MI 8: 26 GULF MANOR CONDOMINIUM ASSOCIATION, INC. THE MAIL THE TOPA Principal Place of Business Mailing Address **CENTURY 21 SUNBELT REALTY CENTURY 21 SUNBELT REALTY** 506 SW 47TH TERRACE 506 SW 47TH TERRACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. AMERICAN CONDO MANAGEMENT FIX Suite, Apt. #, etc. P. O. 909 SE City & State City & State FEI Number 59-2238066 Applied For CAPE CAPE CORA CORAL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33 910 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERITAGE REALTY, INC Street Addre % ILAMARIE PIERCE 4226 DEL ARADO BLVD CAPE CORAL, FL 33904 City CADE CORAL 33904 8. The above named entity submits this statement for the purpose of changing its registered office or regis tered agent, or both, in the State of Florida. I am familiar the obligations of registe SIGNATURE (NOTE: Registered Agent eignature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Addition TITLE MICELI, JACK NAME NAME 300054745793 1006 SE 46TH STREET, #2-D STREET ADDRESS STREET ADDRESS 05/18/05--01058--006 **297.50 CAPE CORAL, FL 33904 CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE PEARSON, WILLIAM NAME NAME 1006 SE 46TH STREET #2-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CAPE CORAL, FL 33904 Delete ☐ Change Addition TITLE PUKALL TITLE DONALD BABB, FRANKLIN NAME 250 Highview DR STREET ADDRESS 1006 SE 46TH ST STREET ADDRESS CAPE CORAL, FL 33904 CITY-ST-ZIP CITY-ST-ZIP CEDARBURG WI 3013-2626 ☐ Delete TITI F ☐ Addition FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-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 attackment with an address, with all other like empowered.

JHK

SIGNATURE

4/4/05

Daytime Phone #