

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 752072

FILED
Oct 19, 2004
Secretary of State**Entity Name:** SUNCOAST APARTMENTS OF NAPLES, INC.**Current Principal Place of Business:**289-299 9TH AVENUE S
NAPLES, FL 34102 US**New Principal Place of Business:****Current Mailing Address:**400 6TH ST S
NAPLES, FL 34102**New Mailing Address:****FEI Number:** 59-1985902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**TODD, GUDRUN R
480 6TH ST S
NAPLES, FL 34102 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: TODD, GUDRUN R
Address: 480 6TH ST S
City-St-Zip: NAPLES, FL 34102**Title:** STD () Delete
Name: BOSCHMANN, ELFRIEDE
Address: 600 E LAKE DR
City-St-Zip: NAPLES, FL 34102**Title:** TD () Delete
Name: ELLIS, JOAN
Address: 3553 GORDON DR
City-St-Zip: NAPLES, FL 34102**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUDRUN R TODD

PD

10/19/2004

Electronic Signature of Signing Officer or Director_____
Date