2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 755471

FILED Sep 25, 2006 Secretary of State

Entity Name: L'ATRIUM AT SANDESTIN ASSOCIATION INC

Littly Nan	LATRIONIAT SANDESTIN ASSOCIATION, INC		
Current Pi	rincipal Place of Business:	New Princ	ipal Place of Business:
600 CALLE ESCADA SANTA ROSA BEACH, FL 32459 US		L'ATRIUM CIRCLE SANDESTIN, FL 32550 US	
Current M	ailing Address:	New Mailir	ng Address:
P.O. BOX 6310 MIRAMAR BEACH, FL 32550 US		P.O. BOX 6147 MIRAMAR BEACH, FL 32550 US	
	59-2133459 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive	mber Not Appli the prior notice	
Name and	Address of Current Registered Agent:	Name and	Address of New Registered Agent:
PRESTON & ASSOCIATES MGT CO INC 600 CALLE ESCADA SANTA ROSA BEACH, FL 32459 US		WALTERS, NICOLE S 200 SANDESTIN LANE #201 MIRAMAR BEACH, FL 32550 US	
	named entity submits this statement for the purpose of Florida.	of changing it	ts registered office or registered agent, or both,
SIGNATURE: NICOLE S. WALTERS			09/25/2006
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PTD (X) Delete FOUTZ, MARGE 3212 ATRIUM CIRCLE SANDESTIN, FL 32550	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete MULLEN, TOM 314 L'ATRIUM CIRCLE SANDESTIN, FL 32550	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	DVP () Delete WALLIN, TOM 354 L'ATRIUM CIRCLE SANDESTIN, FL 32550	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition WALLIN, TOM 354 L'ATRIUM CIRCLE SANDESTIN, FL 32550
Title: Name: Address: City-St-Zip:	DS () Delete BROWN, ANN 325 L'ATRIUM CIR. SANDESTIN, FL 32550	Title: Name: Address: City-St-Zip:	DS (X) Change () Addition MATHIES, JIM 352 L'ATRIUM CIRCLE SANDESTIN, FL 32550
Title: Name: Address:	D () Delete KAENAN, JOHN	Title: Name:	DT (X) Change () Addition RICHARD, ANDREA 351 L'ATRIUM CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TOM WALLIN PD 09/25/2006