

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY 24 AM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 756148	
1. Entity Name THE BINNACLE CLUB, INC.	



Principal Place of Business C/O COASTAL PROPERTY MANAGEMENT OF SW FL 501 GOODLETTE RD. N., STE. A-206 NAPLES, FL 34102 US	Mailing Address 745 12TH AVE. ST. STE. D NAPLES, FL 34102 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Coastal Property Management 501 Goodlette Rd. N, Ste C-200 Naples, FL 34102
City & State	
Zip	Country

05212007 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2186080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COASTAL PROPERTY MANAGEMENT OF SW FLORIDA 501 GOODLETTE RD. N., STE. A-206 NAPLES, FL 34102	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STE C-206 City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, RICHARD 1650 IXORA DR NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900103219189 05/24/07--01058--013 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOPKINS, NINA H 3300 BINNACLE DR # 210 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTON, POLLY 3300 BINNACLE DR NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition # 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECK, BOB 3300 BINNACLE DR NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARL FERGUSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3300 BINNACLE DR #205 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Green - Manager
2/28/2007 239-434-2077

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12/20