

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 758973

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** PROMENADES EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

21405 OLEAN BLVD  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

21405 OLEAN BLVD  
OFFICE  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

21405 OLEAN BLVD  
OFFICE  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 59-2307129      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OWENS, TERRY L  
21405 OLEAN BLVD  
OFFICE  
PORT CHARLOTTE, FL 33952 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: TERRY L OWENS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLLINS, MARGARET  
Address: 21405 OLEAN BLVD #612  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD  
Name: MOLLISON, LILA  
Address: 21405 OLEAN BLVD #527  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD  
Name: MILLER, BETTYLOU  
Address: 21405 OLEAN BLVD #226  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: MOMENI, SHEILA  
Address: 21405 OLEAN BLVD #320  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D  
Name: ALLEN, ROBERT  
Address: 21016 ALPINE AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S  
Name: COLLADO, LOLA  
Address: 21405 OLEAN BLVD #225  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby 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 all other like empowered.

SIGNATURE: MARGARET COLLINS

PD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date