2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 769298

. Entity Name
PINE PARK CONDOMINIUM ASSOCIATION, INC.

FILED
07 MAY 25 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

rincipal Place of Business	Mailing Address
DELLCOR MANAGEMENT INC 10 PEARL AVENUE ARASOTA, FL 34243 US	DELLCOR MANAGEMENT INC 310 PEARL AVENUE SARASOTA, FL 34243 US

. Principal Place of Business	3. Mailing Address
ARGUS MGMT. INC	ARGUS MGMT. INC.
Suite, Apt. #, etc. 2477 STICKNEY PT. RD	Suite, Apt. #, etc. 2477 ST. CKNEY PT. RD.
City & State SARASOTA, FL	City & State SARASOTA FL
Zip: 34231 Country: US	Zip: 34231 Country: US

10 [illegible] REINSTATEMENT 06-07

4. FEI Number
59-2319360

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DELLCOR MANAGEMENT INC
310 PEARL AVENUE
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

Name: ARGUS MGMT. INC.
Street Address (P.O. Box Number is Not Acceptable): 2477 ST. CKNEY POINT ROAD
SUITE 118A
City: SARASOTA FL Zip Code: 34231

. 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: JUDSON J. CRESSEY, ARGUS PROPERTY MGMT. INC. 10/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $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

0. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TLE / AME / REET ADDRESS / TY-ST-ZIP	STD KING, GERALD 7061F S TAMIAMI TRAIL SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (PD) BRIAN STIRLING 7085 S. TAMIAMI TRAIL SARASOTA FL. 34231	☐ Change ☒ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	D CANNON, JOHN 7077 TAMIAMI TRAIL SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (VD) CLIFF SCHOLZ 7013 S. TAMIAMI TRAIL SARASOTA FL. 34231	☐ Change ☒ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	PD GARDF, LES 7061 S. TAMIAMI TRAIL SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (TD) RON GALLEN 7053 S. TAMIAMI TRAIL SARASOTA FL. 34231	☐ Change ☒ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP	S HOWES, ALAN 310 PEARL AVE. SARASOTA, FL 34243	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (S) SANDY ZANNO 7021 S. TAMIAMI TRAIL SARASOTA, FL. 34231	☐ Change ☒ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500081493665 11/03/06--01018--025 **61.25	☐ Change ☐ Addition
TLE / AME / REET ADDRESS / TY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500081493665 06/06/07--01040--005 **70.00	☐ Change ☐ Addition

2. 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 — Date — Daytime Phone #