

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000002346</b> 1. Entity Name PINFISH POINT HOME OWNER'S ASSOCIATION, INC.				FILED 05 NOV 30 PM 5:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 900 E PINE STREET SUITE 126 ENGLEWOOD, FL 34223		Mailing Address 45 SHERMAN GROVE SPENCER, MA 10562			
2. Principal Place of Business 7007 Belmont Ct. Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Lakewood Ranch FL Zip 34202 Country USA		City & State FL Zip Country			
4. FEI Number 59-3702724		Applied For <input type="checkbox"/> Not Applicable		10122005 REIN-NP CR2E099 (6/04)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MURTHA, THOMAS E CPA 900 E PINE STREET #126 ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Cheyenne Young Street Address (P.O. Box Number is Not Acceptable) 21175 Ocean Blvd City Port Charlotte FL Zip Code 33952		
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 <u>Cheyenne Young</u> DATE <u>11/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2006, Fee will be \$297.50</b>			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SANDSTROM, KENNETH J 45 SHERMAN GROVE SPENCER, MA 10562	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer Judy Hughes 7007 Belmont Court Lakewood Ranch, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDSTROM, KENNETH J 45 SHERMAN GROVE SPENCER, MA 10562	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP- Secretary Robert Thompson 63 N Pearl St Bridgeton, NJ 08302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAY, JULIE 45 SHERMAN GROVE SPENCER, MA 10562	<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	D BERNTSSON, ROBERT H 1804 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061789946 11/30/05--01032--004 **126.87	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 11/30	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061789946 11/30/05--01032--005 **118.13	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 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 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: <u>Judy Hughes</u> <u>Judy Hughes</u> DATE <u>11/26/05</u> DAYTIME PHONE # <u>941-907-3266</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					