, . a 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCU 1. Entity Nam				กร	FILE OCT-4						
	RD BAY AT TARPON BAY (ATION, INC.	ONDOMINIUM					J:-	UNLTARY ()F STATE		
Principal Place of Business 24201 WALDEN CENTER DR 206			Mailing Address 24201 WALDEN CENTER DR 206			•	I AL	LAHASSEE STATE	, FLORIDA	3 0U~05	
	INGS, FL 34134 US		TA SPRINGS, FL 3	34134	US		365,400				
Principal Place of Business c/o Integrated Property Mgmt.			Anailing Address C/o Integrated Property Mgmt.				######################################	5 01 <i>05</i> 3			
Suite, Apt. #, etc. 3435 -10th Street N., #201			Suite, Apt. #, etc. 3435 - 10th Street N., #201				09262005 RE	IN-NP	CR2E099 (6/0	4)	
City & State Naples, FL			City & State Naples, FL				4. FEI Number 59-368711	7		Applied For Not Applicable	
Zip			Zip 34103		Country		5. Certificate of St	atus Desired		Additional	
	6. Name and Address of Current F					7. Name and Address of New Registered Agent					
WCI COMMUNITIES PROPERTY MGMT., INC						Name Marilyn Duarte, CAM Street Address (P.O. Box Number is Not Acceptable)					
SUITE 206					Integrated Property Management						
DUNITA 3	PRINGS, FL 34134		City				3435 10th Street N., #201				
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.											
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SIGNATURE	Stgnature, typed or printed name of registered agent a	nd title if app	olicable. (NOT	E: Register	ad Agent elgnetu	re requi	red when reinstating)	 	DATE		
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50 Make check payable to Florida Department of State										1	
10.	OFFICERS AND DIR	ECTORS		11.			ADDITIONS/CHANG	L ES TO OFFICERS	AND DIRECTOR	S IN 10	
TITLE NAME	TD VLASHO, PATRICIA		Delete	TITLE NAM		TC) cantalupo, Louis	se	☐ Chan	nge 🗹 Addition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP		878 Tarpon Bay Drive S #303 laples, FL 34119				
TITLE	PD INCANTALUPO, ANTHONY		Delete	TITLE		VE			☐ Chan	nge 🖫 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1878 TARPON BAY DRIVE SOUTH \$303 NAPLES, FL 34119				ET ADDRESS -ST-ZIP	18	itz, Emily 82 Tarpon Bay sples, FL 34119		5		
TITLE	VPD		☐ Delete	TITLE		PC)		Char	nge	
NAME STREET ADDRESS CITY-ST-ZIP	KRAUS, DON 1878 TARPON BAY DRIVE SOU' NAPLES, FL 34119	 ГН #204			ET ADDRESS -ST-ZIP	18	ause, Don 78 Tarpon Bay Iples, FL 34119				
TITLE NAME	SD DENORFRIO, DENISE		☐ Delete	TITLE					☐ Chan	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	1878 TORPON BAY DRIVE SOU' NAPLES, FL 34119	TH #203	l	STRE	ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLE			ssi, Mary		☐ Chan	nge 🗖 Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP	18	82 Tarpon Bay ples, FL 34119		2		
TITLE			☐ Delete	TITLE	i		00.		☐ Chan	nge 🔲 Addition	
NAME STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -ST-ZIP		\$0101	4			
indicated of the cor	Lectify that the information supplied with l on this report or supplemental report is reporation or the receiver or trustee emporation, or on an attachment with an address, we	true and wered to	accurate and that r execute this report	ny signa as requi	ture shall har	ve the	same legal effect as	if made under oat	h; that I am an off	icer or director	
-							9/2=	7/05			
SIGNATURE: SIGNATURE AND PYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date											