2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007532

FILED Apr 06, 2006 Secretary of State

Entity Name: VILLA VISTOSA CONDOMINIUM ASSOCIATION, INC.

Current Princip	oal Place of Business:	New Princi	pal Place of Business:

326 SECOND AVENUE S NAPLES, FL 34102

Current Mailing Address: New Mailing Address:

326 SECOND AVENUE S NAPLES, FL 34102

FEI Number: 65-1089573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BEEN, STEPHEN R WAKELAND, DAVID F

326 SECOND AVENUE S 1929 IMPERIAL GOLF COURSE BLVD

NAPLES, FL 34102 NAPLES, FL 34110

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: DAVID WAKELAND 04/06/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BEEN, STEPHEN WHELDON, DAVID Name: Name: Address: 326 SECOND AVENUE S Address: 1418 NORTH WUAKEGAN ROAD

City-St-Zip: NAPLES, FL 34102 City-St-Zip: LAKE FOREST, IL 60045

Title: () Delete Title: (X) Change () Addition

Name: BEEN, JONATHAN W Name: BIPPEN, LISA Address: 122 LONG ISLAND WAY Address: 549 HICKORY LANE City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ST. LOUIS, MO 63131

Title: () Delete Title: (X) Change () Addition

BEEN, SUSAN B Name: BIPPEN, DANIEL Name: 122 LONG ISLAND WAY 549 HICKORY LANE Address: Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ST. LOUIS, MO 63131

Title: () Delete Title: () Change (X) Addition Name:

WHELDON, DAWN Name:

1418 NORTH WAUKEGAN ROAD Address: Address: City-St-Zip: City-St-Zip: LAKE FOREST, IL 60045

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID WHELDON D 04/06/2006