

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -9 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


7/20



09212006 REIN-NP 151212006 (11/05) 06

DOCUMENT # N01000002150

1. Entity Name
ROOKERY POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**75 VINEYARDS BLVD, THIRD FLOOR
NAPLES, FL 34119**

Mailing Address
**75 VINEYARDS BLVD., THIRD FLOOR
NAPLES, FL 34119**

2. Principal Place of Business
2685 HORSESHOE DR.

3. Mailing Address
2685 HORSESHOE DR.

Suite, Apt. #, etc.
Suite 215

Suite, Apt. #, etc.
Suite 215

City & State
NAPLES Florida

City & State
NAPLES Florida

Zip
34104

Country
USA

Zip
34104

Country
USA

4. FEI Number
65-1118753

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEILDS, CHRISTOPHER
1833 HENDRY ST
FORT MYERS, FL 33901**

7. Name and Address of Now Registered Agent

Name **RICHARD DEBOEST**

Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY STREET

City **FT MYERS** FL Zip Code **33901**

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 *Richard DeBoest* **Richard DeBoest** **9/25/06**

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

10. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PERSICILLI, ANTHONY 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THRON, DANIEL 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIRABILE, JOHN 12601 WESTLINKS DRIVE #7 FORT MYERS, FL 33919	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH LEVINE 20460 ROOKERY DR. ESTERO FL. 33928	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TD AL CALVARIO 20460 ROOKERY DRIVE ESTERO FL. 33928	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Theodore BOLSTAD 20460 ROOKERY DR. ESTERO FL. 33928	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR RONALD DEBONA 20460 ROOKERY DR. ESTERO FL. 33928	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LYN STONER 20460 ROOKERY DR. ESTERO FL. 33928	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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: *Kenneth Levine* **KENNETH LEVINE** **9/21/06** **949-9347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #