

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000003565

1. Entity Name  
D & M CONDOMINIUM OWNER'S ASSOCIATION, INC.



Principal Place of Business  
80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134

Mailing Address  
80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134

FILED  
05 NOV 30 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
10981 HARMONY PARK #3  
Suite, Apt. #, etc. # 3

3. Mailing Address  
10981 HARMONY PARK  
Suite, Apt. #, etc. # 3

City & State  
Bonita Springs, FL

City & State  
Bonita Springs FL

Zip 34135 Country USA

Zip 34135 Country USA

11042005 REIN-NP CR2E099 (6/04)

4. FEI Number  
65-1107402

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CHURILLA, DONALD M  
80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134

## 7. Name and Address of New Registered Agent

Name KURT WILSON

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

10981 HARMONY PARK #3

City Bonita Springs FL Zip Code 34135

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

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, 2006, 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

TITLE D  
NAME CHURILLA, DONALD  
STREET ADDRESS 80 SOUTHPORT COVE  
CITY-ST-ZIP BAREFOOT BEACH, FL 34134 ☒ Delete

TITLE D  
NAME ZACCHEO, MICHAEL  
STREET ADDRESS 80 SOUTHPORT COVE  
CITY-ST-ZIP BAREFOOT BEACH, FL 34134 ☒ Delete

TITLE D  
NAME CONROY III, J THOMAS  
STREET ADDRESS 3838 TAMiami TRAIL N STE 402  
CITY-ST-ZIP NAPLES, FL 34103 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  
NAME KURT WILSON  
STREET ADDRESS 773 EAST VALLEY DR.  
CITY-ST-ZIP BONITA SPRINGS, FL 34135 ☐ Change ☒ Addition

TITLE D  
NAME Robert J. Buczek  
STREET ADDRESS 10981 HARMONY PK DR  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Change ☒ Addition

TITLE D  
NAME MARK L HERRMANN  
STREET ADDRESS 10981 HARMONY PK DR  
CITY-ST-ZIP BONITA SPRINGS, FL 34135 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #