


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004347	
1. Entity Name PALM ISLAND PLANTATION NO.1 CONDOMINIUM ASSOCIATION, INC.	


**FILED**  
08 JUL 29 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 110 ISLAND PLANTATION TERRACE VERO BEACH, FL 32963	Mailing Address P.O. BOX 643779 VERO BEACH, FL 34964
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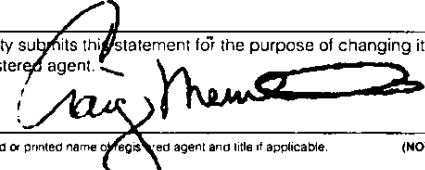
2. Principal Place of Business - No P.O. Box # 110 Island Plantation Terrace	3. Mailing Address 40 Elliott Merrill Road 835 20th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL	City & State Vero Beach, FL
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Zip 32963	Country USA	Zip 32960	Country USA
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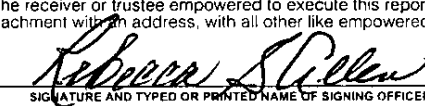
	
07012008 REIN-NP	CR2E099 (1/07)
4. FEI Number 01-0580136	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, REBECCA 110 ISLAND PLANTATION TERRACE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Craig Merrill Street Address (P.O. Box Number is Not Acceptable) 835 20th Place City Vero Beach FL Zip Code 32960	
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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 	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALLEN, REBECCA 110 ISLAND PLANTATION TERRACE, UNIT 202 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300133970103 08/05/08--01005--006 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HALL, ROBERT 110 ISLAND PLANTATION TERRACE, UNIT 101 VERO BEACH, FL 32963 <input 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	SD MCNAMARA, FRANCIS 110 ISLAND PLANTATION TERRACE UNIT 302 VERO BEACH, FL 32963 <input 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	<input 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	<input 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	<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 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: 	Date Daytime Phone #

**REINSTATEMENT** 07-08<sup>KS</sup>

KS