## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT # N01000004439

1. Entity Name

HARBOR BAY RETIREMENT VILLAGE CONOOMINUM ASSOCIATION, INC.



FILED

07 AUG 17 AM 7: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Place of Business 1901 HARBOUR BAY COURT KISSIMMEE, FL 34741 Mailing Address 1901 HARBOUR BAY COURT KISSIMMEE, FL 34741

2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mai	ling Address	) Address						
Suite, Apt. #, etc. Suite				ite, Apt. #, etc.	, Apt. #, etc.			083420073 SEENTARY TO BURNESS HUNTO 6-0			
City & State			Cit	City & State			4. FEI Number				
Zip Country			Zip	Zip C		у	5. Certificate of Status Desired Status Desired Status Desired Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
CIANFROM 1968 BAYS DUNEDIN,		<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)								
		(	City	FL Zip Code							
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 \$122.50				In accordance with s. 607.190 corporation did not receive the			), F.S., the make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	160 WEST	ONATHAN R T 66THS ST. APT. 27[ RK, NY 10023	☐ Delete	TITLE NAME STREET A CITY-ST		<b>1 () :</b> 08/17/0	0 <b>10</b> 823 07010250:	□ Change <b>? 1 ∃ 1</b> 5 **123	□ Addition 2.50		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COSGRIFF, WILLIAM 7 CORNELIA STREET, SUITE 5C NEW YORK, NY 10014				TITLE NAME STREET A CITY-ST				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A CITY-ST				☐ Change	☐ 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 receiper 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:

GENE YOST, FISCAL AGEN

8-15-01

727.812-1636

Daytime Phone #