2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000004559

FILED Jun 13, 2008 Secretary of State

Entity Name: NAPLES LAKES COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ASSET MANAGEMENT, LLC 1541 SUNSET DRIVE 1 FINANCIAL PLAZA, SUITE 2001 SUITE 300

FT. LAUDERDALE, FL 33394 CORAL GABLES, FL 33143

Current Mailing Address: New Mailing Address:

C/O ASSET MANAGEMENT, LLC 1541 SUNSET DRIVE 1 FINANCIAL PLAZA, SUITE 2001 SUITE 300

FT. LAUDERDALE, FL 33394 SOITE 2001 SOITE 300 CORAL GABLES, FL 33143

FEI Number: 02-0633355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MURRAY, DAVID G ESQ LEVINE, TODD 1401 E. BROWARD BLVD. #200 LEVINE, TODD 11541 SUNSET DRIVE

FORT LAUDERDALE, FL 33301 US SUITE 300 CORAL GABLES, FL 33143 US

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: TODD LEVINE 06/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HECHT, MICHAEL
 Name:
 BOUCHER, MARC

 Address:
 111 WEST 40TH STREET
 Address:
 1541 SUNSET DRIVE, SUITE 300

 City-St-Zip:
 NEW YORK, NY 10018
 City-St-Zip:
 CORAL GABLES, FL 33143

Title: DVST () Delete Title: DS/T (X) Change () Addition Name: KHASTNER, JEFFEREY Name: LEVINE, TODD

 Address:
 111 WEST 40TH STREET
 Address:
 1541 SUNSET DRIVE, SUITE 300

 City-St-Zip:
 NEW YORK, NY 10018
 City-St-Zip:
 CORAL GABLES, FL 33143

 $\label{eq:title:D} {\sf Title:} \qquad \qquad {\sf D} \qquad (\) {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 NORCIA, GERARD

 Address:
 Address:
 1541 SUNSET DRIVE, SUITE 300

 City-St-Zip:
 City-St-Zip:
 CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: TODD LEVINE D ST 06/13/2008