2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# N01000006868

Entity Name: CASA DE VIDA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

5133 CASTELLO DRIVE
SUITE #100
NAPLES, FL 34103

New Principal Place of Business:

524 111TH AVE.,
NAPLES, FL 34108

Current Mailing Address:

P.O.BOX 8786
NAPLES, FL 34101

New Mailing Address:

524 111TH AVE.,
NAPLES, FL 34108

FEI Number: 20-2912193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN & GRIGSBY,P.C
27200 RIVERVIEW CENTER BLVD
SUITE 309
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

LOVELESS, STEVEN
524 111TH AVE.,
NAPLES, FL 34108 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: STEVEN LOVELESS 08/22/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete
Name: LOVELESS, STEVEN
Address: 5133 CASTELLO DRIVE,STE 100
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete
Name: WARE, LISA
Address: 5133 CASTELLO DRIVE,STE 100
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: JONES, PETILO
Address: 5133 CASTELLO DRIVE,STE 100
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: LOVELESS, STEVEN
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

Title: VD (X) Change ( ) Addition
Name: WARE, LISA
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

Title: D (X) Change ( ) Addition
Name: JONES, PETILO
Address: 524 111TH AVE
City-St-Zip: NAPLES, FL 34108

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: STEVEN LOVELESS PDST 08/22/2008
Electronic Signature of Signing Officer or Director — Date