2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

TOWNHOMES OWNERS ASSOCIATION, INC. 2006 OCT - 1, AM II0: 24	1. Entity Name	MEN I # NO200000 I ONE, THE BEACH HOUS	FILEU					
1427 ALLANTICST MELBOURNE BEACH, FL 32951 SECRETARY OF SIAILS MELBOURNE BEACH, FL 32951 SIALLAHASSEE FLORIDA MELBOURNE BEACH, FL 32951 MELBO					2006 OCT -4 AM 10: 24			
1425 ATLANTIC ST	1409 ATLANT	TIC ST	1427 ATLANTIC ST	32951	SECRETARY OF STATE TALLAHASSEE.FLORIDA			
CITY A Stalle MCLGOURNS BEACH FL Country 3.2-9.51 Name and Address of these Registered Agent Name JOSEPH PETAU2216LLO Steen Address (P.D. Box Numbers in Na Accordable) H2-5 ATLANTIC ST MELBOURNE BCH, FL 32951 MELBOURNE BCH, FL 32951 International of registered agent. PUBLIA NOWILI First in Sen 3.2-9 International of registered agent. Mile Applied For Machine and Address of New Registered Agent Name JOSEPH PETAU2216LLO Steen Address (P.D. Box Numbers in Na Accordable) H2-5 ATLANTIC ST FLEA NOWILI First in Sen 3.2-9 International of registered agent. Mile Address (P.D. Box Numbers in Na Accordable) Mile Address (P.D. Box Numbers in Na Numbers in Na Accordable (P.D. Box Numbers in Na Accord	1425	ATLANTIC ST	1425 ATL"	ANTIC ST	09202006 REI		9 (11/05)	
2.2 9.5 Country S. Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name Society 1. Name and Address of New Registered Agent Name Society Name Soci	City & State	LOW REACH FL	City & State	BEACH FL	4. FEI Number		Арр	
ARTHORNOR BCH, FL 32951 Name Joseph Petruzziello	Zio	Country	32951	Country		atus Desired	\$8.75 Additi	<u> </u>
B. 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. Post	1409 ATLA	BERNADETTE ANTIC ST	t Registered Agent	Street Address	36 <i>PH P5TI</i> s (P.O. Box Number is 1	RUZZ / SLLO Not Acceptable)		<u> </u>
After January 1, 2007, Fee will be \$122.50 COPORTBION did not receive the prior notice. Florida Department of State OPERIOL OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PETRUZZIELLO, JOSEPH MARE PETRUZZIELLO, JOSEPH PETRUZZIELLO, JOSEPH PETRUZZIELLO, JOSEPH PARE PETRUZZIELLO, JOSEPH PARE PETRUZZIELLO, JOSEPH PARE PETRUZZIELLO, JOSEPH PETRUZZIELLO, JOSEPH PARE PETRUZZIELLO PETRUZZI	the obligation of the signature of the s	ions of registered agent.	Jank W.	registered office or regis				
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STREET ADDRESS CITY-ST-2P MELBOURNE BCH, FL 32951 TITLE SD MAKE BYERS, ROBERT STREET ADDRESS CITY-ST-2P OVIEDO, FL 32765 TITLE SD OVIEDO, FL 32765 TITLE SD STREET ADDRESS CITY-ST-2P OVIEDO, FL 32765 TITLE SPERANMAN, VIRGIL STREET ADDRESS CITY-ST-2P MELBOURNE BEACH, FL 32951 TITLE NAME STREET ADDRESS CITY-ST-2P M	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD PETRUZZIEŁLO, JOSEPH 1425 ATLANTIC ST MELBOURNE BCH, FL 32951 VD	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST- ZIP TITLE	90		□ Change - □ - 4 - 9 2 * + 61.	Addition
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NAME STREET ADDRESS CITY-ST-ZIP MCLBOURNE BUSINESH FC 3295/ CITY-ST-ZIP MCLBOURNE BUSINESH FC 3295/ CITY-ST-ZIP MCLBOURNE BUSINESH FC 3295/ CITY-ST-ZIP 142. ATLANTIC 55 CITY-ST-ZIP MCLBOURNE BUSINESH FC 3295/ CITY-ST-ZIP 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 SIGNATURE:	TITLE NAME STREET ADDRESS	SD SPEARNMAN, VIRGIL 1427 ATLANTIC ST		TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE:	NAME STREET ADDRESS	WHITE ROBER	T	STREET ADDRESS /			☐ Change	Addition
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SIGNATURE AND TYPED ON PRHYTED HAIRE OF SIGNING OFFICER OR DIRECTOR / Option / Deytine Prone #	indicated of the cor changed	on this report or supplemental report reporation or the receiver or trustee em , or on an attachment with an address	t is true and accurate and that nepowered to execute this reports, with all other like empowered.	ny signature shall have the	ined in Chapter 119, Fi ne same legal effect as 517, Florida Statutes; ar	if made under oath; that I ad that my name appears	am an officer o in Błock 10 or t	formation r director Block 11 if
		SIGNATURE AND TYPED O	N PRINTED HAME OF SIGNING OFFICER	OR ORECTOR		CD#Rei /	Daytime Phone #	/