2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004581

Entity Name: CLIPPER COVE VILLAGE 4-6 ASSOCIATION, INC.

FILED May 11, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

23081 HARBORVIEW ROAD, 2ND FLOOR 2002 BAL HARBOR BLVD PORT CHARLOTTE, FL 33950 PUNTA GORDA, FL 33950 US

Current Mailing Address: New Mailing Address:

C/O STAR HOSPITALITY MANAGEMENT, INC. P.O. BOX 380758

6025 TAYLOR RD #2 MURDOCK, FL 339380758 US

PUNTA GORDA, FL 33950 US

FEI Number: 20-0556954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WISHARD, KRISTINE STAR HOSPITALITY MANAGEMENT, INC.

23081 HARBORVIEW ROAD, 2ND FLOOR 6025 TAYLOR ROAD PORT CHARLOTTE, FL 33950 SUITE #2

PUNTA GORDA, FL 33950 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: SHERRY DANKO 05/11/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

٧S (X) Change () Addition () Delete

BOFF, JOE Name:

WILSON, KENNETH Name: 23081 HARBORVIEW ROAD, 2ND FLOOR Address: 2002 BAL HARBOR BLVD #611 Address: City-St-Zip: PORT CHARLOTTE, FL 33950 US City-St-Zip: PUNTA GORDA, FL 33950 US

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

WILSON, TERI Name: CUSHING, LORRAINE Name:

Address: 23081 HARBORVIEW ROAD, 2ND FLOOR Address: 2002 BAL HARBOR BLVD. #512 City-St-Zip: PORT CHARLOTTE, FL 33950 US City-St-Zip: PUNTA GORDA, FL 33950 US

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

OYER, STEVEN Name: HENDRICK, EILEEN Name: Address: Address:

23081 HARBORVIEW ROAD, 2ND FLOOR 2002 BAL HARBOR BLVD. #412 City-St-Zip: PORT CHARLOTTE, FL 33950 US City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH WILSON **PRES** 05/11/2006