


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000004980</b>		
1. Entity Name <b>THE MARQUESAS HOMEOWNERS' ASSOCIATION, INC.</b>		

Principal Place of Business <b>1906 S.E. 3RD AVENUE OCALA, FL 34471</b>	Mailing Address <b>P.O. BOX 5696 OCALA, FL 34478-5696</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
06 MAY 16 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02152006 REIN-NP CR2ED99 (11/05) 05-06

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>COPE, DAVID G</b> <i>Russell Juergens</i> <b>1906 S.E. 3RD AVENUE</b> <i>1729 SE 28th Street</i> <b>OCALA, FL 34471</b>		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]* DATE *5/2/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COPE, DAVID G</b> <b>P.O. BOX 5696</b> <b>OCALA, FL 344785696</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <i>Russell Juergens</i> <i>1729 SE 28th Street</i> <i>OCALA, FL 34471</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FULTZ, PHYLLIS</b> <b>P.O. BOX 5696</b> <b>OCALA, FL 344785696</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <i>Diane D. McAlister</i> <i>1730 SE 28th Street</i> <i>OCALA, FL 34471</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>COPE, LAURIE</b> <b>P.O. BOX 5696</b> <b>OCALA, FL 344785696</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <i>Henry Harrell</i> <i>1706 SE 28th Street</i> <i>OCALA, FL 34471</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAY, STEPHEN H</b> <b>125 N E 1ST AVE., SUITE 1</b> <b>OCALA, FL 34470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <i>Stere Rudniansky</i> <i>1253 SE 16th Street</i> <i>OCALA, FL 34471</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *5/2/06* (352) 840-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Russell Juergens, President*