


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04-03-2005

DOCUMENT # N03000001169		
1. Entity Name SUNNY LODGES CONDOMINIUM ASSOCIATION, INC.		

FILED

05 OCT -3 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O CHRISTOPHER J. SHIELDS, ESQ. 1833 HENDRY STREET FORT MYERS, FL 33901	Mailing Address C/O CHRISTOPHER J. SHIELDS, ESQ. 1833 HENDRY STREET FORT MYERS, FL 33901
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2. Principal Place of Business 4314 SW 5th Ave	3. Mailing Address 4314 SW 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cape Coral FL	City & State Cape Coral FL
Zip 33914	Zip 33914
Country LEE	Country LEE

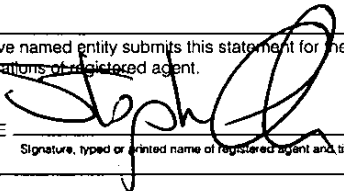


09012005 REIN-NP CR2E099 (6/04)

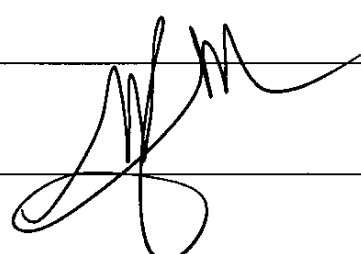
4. FEI Number 20-3537453	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER 1833 HENDRY STREET FORT MYERS, FL 33901	7. Name and Address of New Registered Agent Name: Stephen Luta Street Address (P.O. Box Number is Not Acceptable): 4314 SW 5th Avenue City: Cape Coral FL Zip Code: 33914
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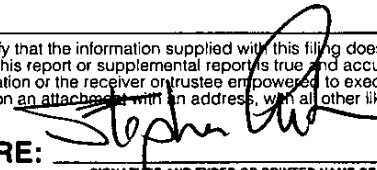
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NUDYK, DAN 308 3RD STREET S.W. CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stephen Luta 4314 SW 5th Ave CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP NUDYK, DAN 308 3RD STREET S.W. CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Margaret M. Luta 4314 SW 5th Ave CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUDYK, PAUL A 308 3RD STREET S.W. CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100060710201 10/18/05--01029--004 **306.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELO, DEBORAH 308 3RD STREET S.W. CAPE CORAL, FL 33991 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:  DATE: 239-850-9155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #