

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003318

FILED
Oct 20, 2004
Secretary of State**Entity Name:** ISLAND OF HAPPINESS COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**205 JOEL BOULEVARD, #106
LEHIGH ACRES, FL 33972**New Principal Place of Business:**201 JOEL BLVD.
LEHIGH ACRES, FL 33972**Current Mailing Address:**205 JOEL BOULEVARD, #106
LEHIGH ACRES, FL 33972**New Mailing Address:**P.O. BOX 1508
LEHIGH ACRES, FL 33970

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:SCHACHINGER, RUDOLF
205 JOEL BOULEVARD, #106
LEHIGH ACRES, FL 33972 US**Name and Address of New Registered Agent:**SCHACHINGER, RUDOLF
201 JOEL BLVD.
LEHIGH ACRES, FL 33972 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: RUDOLF SCHACHINGER

10/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHACHINER, RUDOLF
Address: 205 JOEL BOULEVARD, #106
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VPD () Delete
Name: LANDERTINGER, HERBERT
Address: 205 JOEL BOULEVARD, #106
City-St-Zip: LEHIGH ACRES, FL 33972

Title: STD () Delete
Name: TICE, SHARON
Address: 205 JOEL BOULEVARD, #106
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHACHINER, RUDOLF
Address: 201 JOEL BLVD
City-St-Zip: LEHIGH ACRES, FL 33972

Title: VPD (X) Change () Addition
Name: LANDERTINGER, HERBERT
Address: 201 JOEL BLVD.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: STD (X) Change () Addition
Name: TICE, SHARON
Address: 201 JOEL BLVD.
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON TICE

STD

10/20/2004

Electronic Signature of Signing Officer or Director

Date