

2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004729

FILED
Mar 25, 2010
Secretary of State

Entity Name: PARADISE POINTE II, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1319 MIRAMAR ST, UNIT 101
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

% GPM, INC.
P.O. BOX 151845
CAPE CORAL, FL 33915

New Mailing Address:

% GPM, INC.
1319 MIRAMAR STREET UNIT 1010
CAPE CORAL, FL 33904

FEI Number: 55-0835482 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

ZUNINO, PAOLA
1319 MIRAMAR ST, UNIT 101
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: PAOLA ZUNINO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MIKELSON, JAMES
Address: 4235 S.E. 20TH PLACE C-402
City-St-Zip: CAPE CORAL, FL 33904

Title: STD
Name: JAMES, RAY
Address: 555 CHAMPAGNE RD
City-St-Zip: WAUKEE, IA 50263

Title: D
Name: SWAN, KRIFTING
Address: 331 CAPE CORAL PKWY W#C
City-St-Zip: CAPE CORAL, FL 33914

Title: VD
Name: SCHUTT, ROGER
Address: 4235 SE 20TH PL #C503
City-St-Zip: CAPE CORAL, FL 33904

Title: D
Name: DAHLGREN, TERRY
Address: 1578 EASTPOINT CT
City-St-Zip: CIERO, IN 46034

I hereby 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 all other like empowered.

SIGNATURE: JAMES MIKELSON

PD

03/25/2010

Electronic Signature of Signing Officer or Director

Date