

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N03000006302</b> 1. Entity Name <b>BASS INLET CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>316 COLDEWAY DR., UNIT D-29 PUNTA GORDA, FL 33950</b>			Mailing Address <b>316 COLDEWAY DR., UNIT D-29 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>100 Sullivan St Suite 112 PUNTA GORDA FL 33950                      US</b>			
4. FEI Number <b>20-1395147</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHNSON, CHARLES A 316 COLDEWAY DR., UNIT D-29 PUNTA GORDA, FL 33950</b>			7. Name and Address of New Registered Agent Name <b>Joan Greene</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 Sullivan St Ste 112 Punta Gorda FL 33950</b>		
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 <u>Joan F. Greene</u> <b>JOAN F. GREENE</b> <b>4-5-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, CHARLES A 316 COLDEWAY DR., UNIT D-29 PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLORES SWICKERT 348 SUNSET AVE AURORA IL 60506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NASER, ROBERT E 340 GORHAM POND RD. GOFFSTOWN, NH 03045	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT D LARRY OKRAY 320 COLDEWAY DR #123 PUNTA GORDA FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NASER, ROBERT D 85 COUNTRY CLUB RD. DEDHAM, MA 02026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHARON SIMLER P.O. Box 673 ONSET MA 02558	<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
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: <u>Larry Okray</u> <b>LARRY OKRAY</b> <b>03/14/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**FILED**  
 2007 APR -7 AM 10:30  
 BUILD  
 REINSTATEMENT 02-07  
 FLORIDA