2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006782

FILED Nov 14, 2009 Secretary of State

Entity Name: ESPLANADE II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

740 N. COLLIER BLVD 760 N. COLLIER BLVD

MARCO ISLAND, FL 34145 # 111

MARCO ISLAND, FL 34145

Current Mailing Address: New Mailing Address:

1083 N. COLLIER 560 N. COLLIER BLVD

#405 # 111

MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

FEI Number: 56-2418604 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: Name and Address of New Registered Agent:

WHALE MGMT 1083 N. COLLIER

#320 MARCO ISLAND, FL 34145 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: JERRY BONFITTO

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: O (X) Change() Addition

 Name:
 MINCE, MARY
 Name:
 MINCE, MARY

 Address:
 2433 MARGERET DR.
 Address:
 740 N. COLLIER # 404

 City-St-Zip:
 BENTON, MI 48430
 City-St-Zip:
 BENTON, MI 48430

Title: VP () Delete Title: () Change () Addition

 Name:
 PHILLILPS, THOMAS
 Name:

 Address:
 205 SAMUEL OAKS DR.
 Address:

 City-St-Zip:
 OKEMOS, MI 48864
 City-St-Zip:

 Name:
 ROSSELLI, ROBERT
 Name:
 ROSSELLI, ROBERT

 Address:
 P.O. BOX 486
 Address:
 P.O. BOX 486

City-St-Zip: TRANQUILITY, NJ 07870 City-St-Zip: TRANQUILITY, NJ 07870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JERRY BONFITTO RA 11/14/2009