
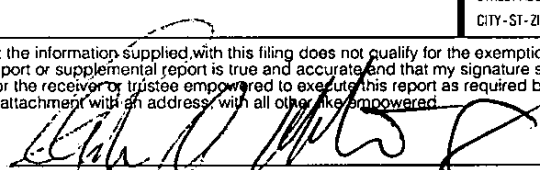


**2005 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

|   |  |  |  |
|---|--|--|--|
| DOCUMENT # N03000008743   |  |             |  |
| 1. Entity Name<br>VAN LOON COMMONS CONDOMINIUM ASSOCIATION, INC.  |  | Principal Place of Business<br>2326 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990             |  |
| Mailing Address<br>2326 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990  |  | REINSTATEMENT STATE<br>TALLAHASSEE, FLORIDA 05   |  |
| 2. Principal Place of Business<br>4427 SE 16th Place<br>Suite, Apt. #, etc.<br>Suite #2   |  | 3. Mailing Address<br>8270-201 College Pkwy<br>Suite, Apt. #, etc.                           |  |
| City & State<br>Cape Coral, Fl  |  | City & State<br>Fort Myers, Fl   |  |
| Zip<br>33904  |  | Zip<br>33919   |  |
| Country   |  | Country  |  |
| 6. Name and Address of Current Registered Agent<br>WHITE, E. AUSTIN ESQ<br>14241 METROPOLIS AVE STE 100<br>FORT MYERS, FL 33912   |  | 7. Name and Address of New Registered Agent  |  |
| Name  |  | Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
| City  |  | City   |  |
| FL  |  | FL   |  |
| Zip Code  |  | Zip Code   |  |
| 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.   |  | 4. FEI Number<br>N/A   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | Applied For<br>Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required   |  |
| SIGNATURE _____   |  | DATE _____   |  |
| Signature, typed or printed name of registered agent and title if applicable.   |  | (NOTE: Registered Agent signature required when reinstating)                                 |  |
| FILE NOW!!! FEE IS \$122.50   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| Make check payable to Florida Department of State   |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>WROTEN, MELVIN O JR<br>2326 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>Wroten, Melvin O Jr.<br>P.O. Box 181520<br>Cape Coral, FL 33915 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>DONDERO, JOHN<br>2326 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DST<br>HOLT, JOANNE<br>2326 DEL PRADO BLVD SOUTH<br>CAPE CORAL, FL 33990 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 600055379856<br>05/26/05--01066--003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 _____   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Daytime Phone # _____  |  |