


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N03000008743**

1. Entity Name  
**VAN LOON COMMONS CONDOMINIUM ASSOCIATION, INC.**



**FILED**

**07 MAY 17 AM 9:06**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT**

Principal Place of Business  
 4427 SE 16TH PLACE  
 STE 2  
 CAPE CORAL, FL 33904

Mailing Address  
 8270 - 201 COLLEGE PKWY  
 FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #  
**17595 S. Tamiami Trail**

3. Mailing Address  
**17595 S. Tamiami Trail**

Suite, Apt. #, etc.  
**Suite #100**

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

Zip  
**33908**

Country  
**U.S.**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, E. AUSTIN ESQ**  
**14241 METROPOLIS AVE STE 100**  
**FORT MYERS, FL 33912**

7. Name and Address of New Registered Agent

Name  
**Gary Marsden**

Street Address (P.O. Box Number is Not Acceptable)  
**17595 S. Tamiami Trail #100**

City  
**Fort Myers**

State  
**FL**

Zip Code  
**33908**

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 *Gary Marsden* DATE 4/27/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WROTEN, MELVIN O JR P O BOX 151520 CAPE CORAL, FL 33915 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONDERO, JOHN 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HOLT, JOANNE <input checked="" type="checkbox"/> Delete 2326 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>800103603548</b> <b>05/31/07--01019--003 **297.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTIN, SHARON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1121 VAN LOON COMMONS CIRCLE #305 CAPE CORAL FL 33909
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"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE 4/28/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR