2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 14, 2005
Secretary of State

DOCUMENT# N03000010239

Entity Name: CABOT LANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GARY I. HANDIN, P.A.
3111 UNIVERSITY DR SUITE 404
CORAL SPRINGS, FL 33065

New Principal Place of Business:

C/O GARY I. HANDIN, P.A.
3111 UNIVERSITY DR SUITE 605
CORAL SPRINGS, FL 33065

Current Mailing Address:

C/O JOHN NIONAKIS
63 HARVEY MILL ROAD
LEE, NH 03824

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

HANDIN, GARY I
3111 UNIVERSITY DR
SUITE 404
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

HANDIN, GARY I
3111 UNIVERSITY DR
SUITE 605
CORAL SPRINGS, FL 33065 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: GARY I. HANDIN 10/14/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NIONAKIS, JOHN
Address: 63 HARVEY MILL RD
City-St-Zip: LEE, NH 03824

Title: D ( ) Delete
Name: HANDIN, GARY I
Address: 3111 UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: TRUFELLI, ARTHUR W
Address: 27 PENNOCK LANE
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D-P (X) Change ( ) Addition
Name: NIONAKIS, JOHN
Address: 63 HARVEY MILL RD
City-St-Zip: LEE, NH 03824

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: TRUFELLI, ARTHUR W
Address: 5253 CENTER STREET
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN NIONAKIS PRES 10/14/2005
Electronic Signature of Signing Officer or Director Date