2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2004
Secretary of State

DOCUMENT# N03736

Entity Name: VILLAS OF FABER COVE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

405 FERNANDIA STREET
FORT PIERCE, FL 34949

New Principal Place of Business:

405 FERNANDINA STREET
FORT PIERCE, FL 34949

Current Mailing Address:

405 FERNANDIA STREET
FORT PIERCE, FL 34949

New Mailing Address:

405 FERNANDINA STREET
FORT PIERCE, FL 34949

FEI Number: 59-2450350 **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:

GILBERT, SPENCER B.
403 FERNANDINA STREET
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ECKEL, THOMAS
Address: 405 FERNANDINA ST.
City-St-Zip: FT.PIERCE, FL

Title: ST ( ) Delete
Name: ECKEL, SABINA
Address: 405 FERNANDINA ST
City-St-Zip: FORT PIERCE, FL 34949

Title: PD ( ) Delete
Name: GILBERT, GRAYSON,
Address: 407 FERNANDINA STREET
City-St-Zip: FT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SABINA R. ECKEL ST 10/27/2004
Electronic Signature of Signing Officer or Director — Date