

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03736

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

405 FERNANDINA STREET  
FORT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

405 FERNANDINA STREET  
FORT PIERCE, FL 34949

**New Mailing Address:**

**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:**

ECKEL, SABINA R  
405 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: SABINA R. ECKEL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: ECKEL, THOMAS J  
Address: 405 FERNANDINA ST.  
City-St-Zip: FT.PIERCE, FL 34949

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

Title: PD  
Name: GILBERT, GRAYSON  
Address: 407 FERNANDINA STREET  
City-St-Zip: FT PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: SABINA R. ECKEL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ST

02/23/2010

\_\_\_\_\_  
Date