

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 21, 2007  
Secretary of State**

DOCUMENT# N04000001973

Entity Name: SEA FOR TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

129 51 ST  
HOLMES BEACH, FL 34217

**New Principal Place of Business:**

**Current Mailing Address:**

129 51 ST  
HOLMES BEACH, FL 34217

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MULLINS, THOMAS W  
2937 LACONCHA DR  
CLEARWATER, FL 33762 US

**Name and Address of New Registered Agent:**

FISHMAN, PHILLIP A  
11144 POWDER HORN DRIVE  
POTOMAC, MARYLAND, FL 20854 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: PHILLIP FISHMAN

02/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FISHMAN, PHILLIP  
Address: 131 51 ST  
City-St-Zip: HOLMES BEACH, FL 34217

Title: D ( ) Delete  
Name: PACK, MARY  
Address: 131 51 ST  
City-St-Zip: HOLMES BEACH, FL 34217

Title: D ( ) Delete  
Name: CHRISTENSON, VERA  
Address: 129 51 ST  
City-St-Zip: HOLMES BEACH, FL 34217

Title: D ( ) Delete  
Name: TANCOCO, GEORGINA  
Address: 129 51 ST  
City-St-Zip: HOLMES BEACH, FL 34217

**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:

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 Chapter 119, 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: PHILLIP FISHMAN

D

02/21/2007

Electronic Signature of Signing Officer or Director

Date