2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 11, 2007
Secretary of State

DOCUMENT# N04000003758

Entity Name: BISCAYNE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3200 BAILEY LANE
SUITE 117
NAPLES, FL 34105

New Principal Place of Business:

3898 TAMIAMI TRAIL NORTH
SUITE 201
NAPLES, FL 34103

Current Mailing Address:

3200 BAILEY LANE
SUITE 117
NAPLES, FL 34105

New Mailing Address:

3898 TAMIAMI TRAIL N., SUITE 201
NAPLES, FL 34103

FEI Number: 20-1651578 **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:

BARNETT, LISA H
CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVE. SO., SUITE 201
NAPLES, FL 34102 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: LISA H. BARNETT

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEPHERD, NICK
Address: 3200 BAILEY LANE, SUITE 117
City-St-Zip: NAPLES, FL 34105

Title: VTD ( ) Delete
Name: HOKANSON, STEPHEN
Address: 3200 BAILEY LANE, SUITE 117
City-St-Zip: NAPLES, FL 34105

Title: SD ( ) Delete
Name: MOSS, MARY
Address: 3200 BAILEY LANE, SUITE 117
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHEPHERD, NICK
Address: 3898 TAMIAMI TRAIL N. SUITE 201
City-St-Zip: NAPLES, FL 34103

Title: VTD (X) Change ( ) Addition
Name: HOKANSON, STEPHEN
Address: 3898 TAMIAMI TRAIL N., SUITE 201
City-St-Zip: NAPLES, FL 34103

Title: SD (X) Change ( ) Addition
Name: MOSS, MARY
Address: 3898 TAMIAMI TRAIL N., SUITE 201
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify 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: MARY MOSS SD 10/11/2007

Electronic Signature of Signing Officer or Director — Date