


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000003815		
1. Entity Name ARDMORE PROPERTY OWNERS' ASSOCIATION, INC.		

Principal Place of Business 14901 SUMMERLIN RD FT MYERS, FL 33919	Mailing Address 14901 SUMMERLIN RD FT MYERS, FL 33919
---	---

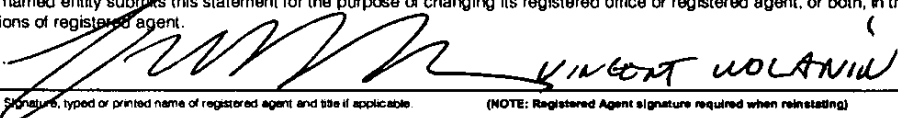
2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>BOX 1515</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>SANIBEL, FL</b>
Zip	Country
Country	Zip <b>33957-1515</b> Country <b>LEE</b>

FILED  
08 NOV 20 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number 34-1997126		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <del>NOLAN, JOHN A</del> VINCENT WOLANIN 1715 MONROE ST. FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name VINCENT WOLANIN Street Address (P.O. Box Number is Not Acceptable) C/O HENDERSON FRANKLIN 1715 MONROE ST City FT MYERS FL Zip Code 33901

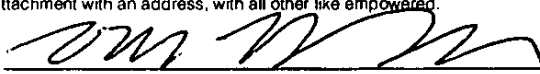
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  VINCENT WOLANIN 11/18/08  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLANIN, VINCENT M 14901 SUMMERLIN RD FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800138131518 11/20/08--01025--001 **70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COBB, DAVID A 14901 SUMMERLIN RD FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUSSMAN, DAVID 14901 SUMMERLIN RD FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/20

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  11/18/08 378 456-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # EXT