

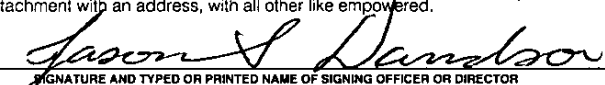


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000005857 1. Entity Name ETTA CONDOMINIUM ASSOCIATION, INC.						FILED 05 OCT 14 AM 10:48 TALLAHASSEE, FLORIDA	
Principal Place of Business 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065				Mailing Address 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 40-0661584				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PERRY, ROBERT ALAN %PROFESSIONAL COMMUNITY MANAGEMENT, INC. 786 BLANDING BLVD. #118 ORANGE PARK, FL 32065				7. Name and Address of New Registered Agent Name ALAN PERRY Street Address (P.O. Box Number is Not Acceptable) 786 BLANDING BLVD, Ste 118 City Orange Park FL Zip Code 32065			
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  ALAN PERRY <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 7 Oct 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, 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	PD SIMPSON, EDWARD POLWERSTR. 23 18299 POLCHOW GERMANY, 18299, L	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vickie Douglas 2159 Riverside Ave #5 Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMPSON, E. LEE P.O. BOX 2244 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/TO Jason Davidson 2159 Riverside Ave #4 Jacksonville, FL 32204	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARON, LINDA P.O. BOX 2244 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jeffery Kinsey 2159 Riverside Ave #1 Jacksonville, FL 32204	<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	100060623181 10/14/05--01047--013 **70.00				
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				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				10-12-05 (904) 981-2225 Date Daytime Phone #			

Professional Community Management, Inc.

October 7, 2005

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

• RE: Document # N04000005857 / Reinstatement

To Whom It May Concern:

Our office is in receipt of the reinstatement notice that was received on October 6, 2005. Professional Community Mgmt., Inc. (managing agent for Etta Condominium Assoc., Inc.) Change of registered agent was sent on June 16, 2005, changes were noted online on 7/29/05. This was after the State required date of May 2005 to submit the proper information.

No notices were received prior to the current notice of reinstatement. Please accept this as an official request to waive the reinstatement fee.

Your help in this matter will be greatly appreciated. Contac our office at pcmperryr@bellshouth.net or by phone at 904-298-2321 with any questions.

Respectfully,



Rozelle Perry, CAM
Professional Community Mgmt., Inc.