



# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000006283</b> 1. Entity Name <b>WESTLAKE PRESERVE CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> 05 NOV 17 P: 2:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 942 NORTH COLLIER BLVD MARCO ISLAND, FL 34145		Mailing Address 942 NORTH COLLIER BLVD MARCO ISLAND, FL 34145		 <b>REINSTATEMENT 2005</b> 10102005 REINSTATEMENT CR2E099/6/04							
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State									
Zip	Country	Zip	Country	4. FEI Number <b>20-3599349</b>		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WISEMAN, TAMELA E 300 FIFTH AVE SOUTH STE 221 NAPLES, FL 34102				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code                 </div>							
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 <u><i>TAMELA E WISEMAN</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-8-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEES \$236.25</b> After January 1, 2006, Fee will be \$297.50				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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition						
(Empty row for Officers and Directors)				P/S/D/T JOSEPH D BOFF 9166 Pinnacle Ct Naples FL 34113							
(Empty row for Officers and Directors)				600060821056 10/20/05--01044--007 ***236.25							
(Empty row for Officers and Directors)				(Empty row for Additions/Changes)							
(Empty row for Officers and Directors)				(Empty row for Additions/Changes)							
(Empty row for Officers and Directors)				(Empty row for Additions/Changes)							
(Empty row for Officers and Directors)				(Empty row for Additions/Changes)							
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>JOSEPH D BOFF</i></u>				Date: <u>10/11/05</u>		Daytime Phone #: <u>239 3949107</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											