


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 13 PM 4:14

DOCUMENT # N04000006402	
1. Entity Name TERRA LINDA AT MIRASOL PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202-4108	Mailing Address 8430 ENTERPRISE CIRCLE SUITE 100 BRADENTON, FL 34202-4108
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REINSTATEMENT 06

2. Principal Place of Business 1000 Clint Moore Rd Suite, Apt. #, etc. 110 City & State Boca Raton, FL Zip 33487 Country US	3. Mailing Address 1000 Clint Moore Rd Suite, Apt. #, etc. 110 City & State Boca Raton, FL Zip 33487 Country US
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12062006 REIN-NP CR2E099 (11/05)

4. FEI Number 20-1813950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W. SUITE 205 ST. PETERSBURG, FL 33702-2472	7. Name and Address of New Registered Agent Name Judy Matthews-Gray Street Address (P.O. Box Number is Not Acceptable) 1000 Clint Moore Rd Suite 110 City Boca Raton FL Zip Code 33487
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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 Judy Matthews-Gray 12/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2007, 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	DP PERNA, CRAIG A 11642 MIRASOL WAY PALM BEACH GARDENS, FL 334186201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Nancy Walsh 1000 Clint Moore Rd, Suite 110 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT CHOROST, AARON 11642 MIRASOL WAY PALM BEACH GARDENS, FL 334186201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dean Borg 1000 Clint Moore Rd, Suite 110 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEMENT, EDMUND R 11642 MIRASOL WAYS PALM BEACH GARDENS, FL 334186201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Judy Matthews-Gray 1000 Clint Moore Rd Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKAN, STEVEN A 8430 ENTERPRISE CIRCLE, SUITE 100 BRADENTON, FL 334024108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082522427 12/13/06--01049-010 \$236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SPENCER, MARC I 877 EXECUTIVE CENTER DRIVE W., SUITE 205 ST. PETERSBURG, FL 337022472 <input checked="" 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 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: Judy Matthews-Gray 12/7/06 561-997-5760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUDY MATTHEWS-GRAY, TREASURER