2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Sep 19, 2005
Secretary of State

DOCUMENT# N04000010298

Entity Name: LA BELLA VITA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

212-108 AVE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

220-108 AVE
TREASURE ISLAND, FL 33706

Current Mailing Address:

212-108 AVE
TREASURE ISLAND, FL 33706

New Mailing Address:

220-108 AVE
TREASURE ISLAND, FL 33706

FEI Number: **FEI Number Applied For (X)** **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:

ARSENAULT, KENNETH G JR
10225 ULMERTON ROAD SUITE 2
LARGO, FL 33771 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: KENNETH ARSENAULT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BYRNE, GAIL
Address: 118-107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DV ( ) Delete
Name: BYRNE, LESLIE W
Address: 118-107TH AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST ( ) Delete
Name: BAKOS, LEEANN
Address: 103 E BAY DR
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL A. BYRNE DP 09/19/2005
Electronic Signature of Signing Officer or Director — Date