

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2006 NOV -3 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000012085	
1. Entity Name SUNSET PALMS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950	Mailing Address 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950
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2. Principal Place of Business 223 Taylor Street Suite, Apt. #, etc.	3. Mailing Address 223 Taylor Street Suite, Apt. #, etc.
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City & State Punta Gorda, FL	City & State Punta Gorda, FL
Zip 33950	Country USA

10052006 REIN-NP CR2E099 (11/05)

4. FEI Number 20-2690280 ADDED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOTITZKY, EDWARD L 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950	7. Name and Address of New Registered Agent Name Edward L. Wotitzky Street Address (P.O. Box Number is Not Acceptable) 223 Taylor Street City Punta Gorda FL Zip Code 33950
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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 [Signature] 10/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ABRUDSKY, NATALIO <input type="checkbox"/> Delete 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Taylor Street Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABRUDSKY, CESAR <input type="checkbox"/> Delete 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Taylor Street Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUTIERREZ, ARMANDO <input type="checkbox"/> Delete 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 223 Taylor Street Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>[Signature]</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900081497689 11/03/06--01030--001 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>[Signature]</u>	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: [Signature] 10/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #