

006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -6 AM 11:47

REINSTATEMENT 06



10242006 REIN-NP CR2E099 (11/05)

DOCUMENT # N05000002933					
1. Entity Name PARADISE POINTE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 331 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914			Mailing Address 331 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914		
2. Principal Place of Business 4235 S.E. 20 th Pl. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 151845 Suite, Apt. #, etc.			
City & State Cape Coral, FL		City & State Cape Coral, FL			
Zip 33904	Country U.S.A	Zip 33915	Country U.S.A		
6. Name and Address of Current Registered Agent James Hart Sentry Management 2180 W. SR 434, STE 5000 Longwood, FL 32779			7. Name and Address of New Registered Agent Name: PAOLA ZUNINO Street Address (P.O. Box Number is Not Acceptable) 3645 SE 8 th Place Cape Coral, FL 33904		
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>Paola Zunino</u> PAOLA ZUNINO, CAM 10/24/06 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	PTD RECKENDORF, ANDREAS 331 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/D MARK SELBY 4235 S.E. 20 th Pl. Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNOW, ROBERT A 331 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082319317 12/06/06--01038--002 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RECKENDORF, CLAUDIA 331 CAPE CORAL PARKWAY WEST CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD Jeffrey Reese 4235 S.E. 20 th Pl. Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" 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
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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: MARK G. SELBY, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 24, 2006

Date

945-3194

Daytime Phone #