

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004396

FILED  
Apr 06, 2007  
Secretary of State

**Entity Name:** THE GRAND RUBICON CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4610 SE 5TH PLACE  
CAPE CORAL, FL

**New Principal Place of Business:**

**Current Mailing Address:**

4610 SE 5TH PLACE  
CAPE CORAL, FL

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

**Name and Address of New Registered Agent:**

SIMON, G. MICHAEL  
122 SW 46TH TERRACE  
CAPE CORAL, FL 33914 US

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: G. MICHAEL SIMON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SIMON, G. MICHAEL  
Address: 122 SW 46TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete  
Name: BECKER, LARRY H  
Address: POST OFFICE BOX 1549  
City-St-Zip: CLIFTON PARK, NY 12065

Title: SD ( ) Delete  
Name: MILLER, ROBERT C JR.  
Address: POST OFFICE BOX 1549  
City-St-Zip: CLIFTON PARK, NY 1065

Title: TD ( ) Delete  
Name: SIMON, G. MICHAEL  
Address: 122 SW 46TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

**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:

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 Chapter 119, 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: G. MICHAEL SIMON

RA

04/06/2007

Electronic Signature of Signing Officer or Director

Date