

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000004773</b> 1. Entity Name <b>ISLAND PINES II CONDOMINIUM ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 NOV 20 AM 11: 00</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>1155 HANCOCK CREEK S BLVD</b> <b>CAPE CORAL, FL 33905</b>				Mailing Address <b>1155 HANCOCK CREEK S BLVD</b> <b>CAPE CORAL, FL 33905</b>			
2. Principal Place of Business		3. Mailing Address <b>12650 WHITEHALL DR</b>				11032006 REIN-NR. CR2E099 (11/05) <b>06</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State <b>FORT MYERS, FL</b>					
Zip <b>33907</b>	Country <b>USA</b>	4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SWALM,BOURGEAU &amp; DAVIES, P.A.</b> <b>2375 TAMiami TR N STE 308</b> <b>NAPLES, FL 34103</b>			
7. Name and Address of New Registered Agent Name <b>MARK R - BENSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>12650 WHITEHALL DR</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33907</b>							
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 <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>D</b> NAME <b>FOUS, GREGG</b> STREET ADDRESS <b>12730 N BRITTANY BLVD</b> CITY-ST-ZIP <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>Donald E. Reynolds</b> NAME <b>9200 Estero Park Commons #1</b> STREET ADDRESS <b>Estero, FL 33928</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>MALOOLY, PATRICK</b> STREET ADDRESS <b>12730 NEW BRITTANY BLVD</b> CITY-ST-ZIP <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D</b> NAME <b>Kenneth Nichols</b> STREET ADDRESS <b>9200 Estero Park Commons #1</b> CITY-ST-ZIP <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>SCAMEHORN, WAYNE</b> STREET ADDRESS <b>12730 NEW BRITTANY BLVD</b> CITY-ST-ZIP <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D</b> NAME <b>Christopher Spina</b> STREET ADDRESS <b>9200 Estero Park Commons #1</b> CITY-ST-ZIP <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete			TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete			TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>							
SIGNATURE:				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date				Daytime Phone #			