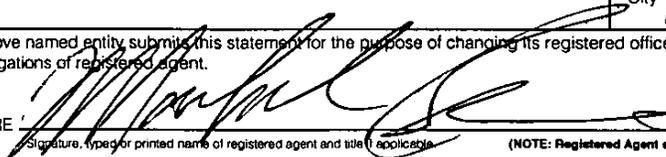
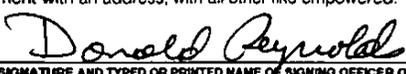


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|---|--|---|--|---|--|
| DOCUMENT # N05000004773 1. Entity Name ISLAND PINES II CONDOMINIUM ASSOCIATION, INC. | | | |  | | FILED 06 NOV 20 AM 11: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1155 HANCOCK CREEK S BLVD CAPE CORAL, FL 33905 | | | | Mailing Address 1155 HANCOCK CREEK S BLVD CAPE CORAL, FL 33905 | | | |
| 2. Principal Place of Business | | 3. Mailing Address 12650 WHITEHALL DR | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State FORT MYERS, FL | | 4. FEI Number | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip | Country | Zip 33907 | Country USA | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SWALM, BOURGEOU & DAVIES, P.A. 2375 TAMiami TR N STE 308 NAPLES, FL 34103 | | | | 7. Name and Address of New Registered Agent Name MARK R - BENSON Street Address (P.O. Box Number is Not Acceptable) 12650 WHITEHALL DR City FORT MYERS FL Zip Code 33907 | | | |
| 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:  | | | | (NOTE: Registered Agent signature required when reinstating) | | DATE: 11-15-06 | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOUS, GREGG 12730 N BRITTANY BLVD FT MYERS, FL 339074681 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Donald E. Reynolds 9200 Estero Park Commons #1 Estero, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALOOLY, PATRICK 12730 NEW BRITTANY BLVD FT MYERS, FL 339074681 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kenneth Nichols 9200 Estero Park Commons #1 Estero, FL 33928 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCAMEHORN, WAYNE 12730 NEW BRITTANY BLVD FT MYERS, FL 339074681 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Christopher Spina 9200 Estero Park Commons #1 Estero, FL 33928 | <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 | 600082331026 12/06/06--01063--004 **61.25 | | | |
| 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 | | | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |
| | | | | Daytime Phone # | | | |