

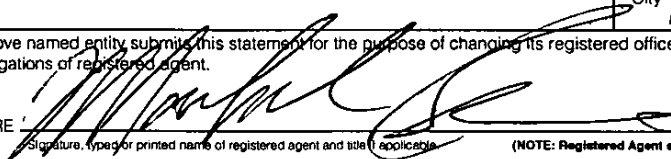
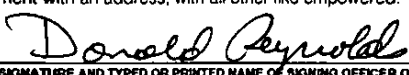


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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 Suite, Apt. #, etc.		3. Mailing Address 12650 WHITEHALL DR Suite, Apt. #, etc.			11032006 REIN-NR. CR2E099 (11/05) 06			
City & State FORT MYERS, FL		City & State FORT MYERS, FL						4. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33907	Country USA	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  <small>Signature, typed or printed name of registered agent and title (if applicable)</small>				(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 D NAME FOUS, GREGG <input checked="" type="checkbox"/> Delete STREET ADDRESS 12730 N BRITTANY BLVD CITY-ST-ZIP FT MYERS, FL 339074681		TITLE D NAME MALOOLY, PATRICK <input checked="" type="checkbox"/> Delete STREET ADDRESS 12730 NEW BRITTANY BLVD CITY-ST-ZIP FT MYERS, FL 339074681		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Donald E. Reynolds STREET ADDRESS 9200 Estero Park Commons #1 CITY-ST-ZIP Estero, FL 33928		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kenneth Nichols STREET ADDRESS 9200 Estero Park Commons #1 CITY-ST-ZIP Estero, FL 33928		
TITLE D <input type="checkbox"/> Delete NAME SCAMEHORN, WAYNE STREET ADDRESS 12730 NEW BRITTANY BLVD CITY-ST-ZIP FT MYERS, FL 339074681		TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Christopher Spina STREET ADDRESS 9200 Estero Park Commons #1 CITY-ST-ZIP Estero, FL 33928		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 600082331026 STREET ADDRESS 12/06/06--01063--004 **61.25 CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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 # _____		