
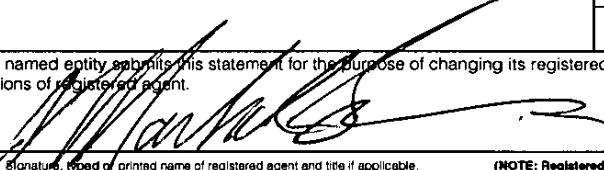



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000004775</b> 1. Entity Name <b>ISLAND PINES III CONDOMINIUM ASSOCIATION, INC.</b>					
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 <b>12650 WHITEHALL DR</b>			
City & State Fort Myers, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable			
Zip <b>33907</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>SWALM,BOURGEOU &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. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>11-15-06</b>	
<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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOUS, GREG A</b> <b>12730 NEW BRITTANY BLVD</b> <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Donald E. Reynolds</b> <b>9200 Estero Park Commons #1</b> <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALOOLY, PATRICK</b> <b>12730 NEW BRITTANY BLVD</b> <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kenneth Nichols</b> <b>9200 Estero Park Commons #1</b> <b>Estero, FL 33928</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCAMEHORN, WAYNE K</b> <b>12730 NEW BRITTANY BLVD</b> <b>FT MYERS, FL 339074681</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Christopher Spina</b> <b>9200 Estero Park Commons #1</b> <b>Estero, FL 33928</b>	<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	<b>900081957539</b> <b>11/20/06--01061--002 **\$1.25</b>	<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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

0610720 11-15-06



Mitchell NOV 20 2006