# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Jan 02, 2007**
**Secretary of State**

DOCUMENT# N05000006286

**Entity Name:** ILHA BELA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

310 2ND STREET SOUTH
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

310 2ND STREET SOUTH
JACKSONVILLE, FL 32250

**New Mailing Address:**

14603 BEACH BLVD. SUITE 2000
JACKSONVILLE, FL 32250

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

SCOTT & SHEPPARD, P.A.
99 ORANGE STREET
ST AUGUSTINE, FL 32084 US

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

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: SCOTT & SHEPPARD, P.A.
Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: GANNON, MICHAEL
Address: 13820 TORTUGA POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: VPD ( ) Delete
Name: FASANELLI, FABIO
Address: 712 SHIPWATCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: STD ( ) Delete
Name: MURPHY, THOMAS
Address: 699 HAWKS TRACE LANE
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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: FABIO M. FASANELLI VPD 01/02/2007
Electronic Signature of Signing Officer or Director — Date