

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006501

FILED  
Dec 21, 2006  
Secretary of State

**Entity Name:** BOBCAT SQUARE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2567 N TOLEDO BLADE BLVD  
NORTH PORT, FL 34289

**New Principal Place of Business:**

2567 N TOLEDO BLADE BLVD  
UNIT 1  
NORTH PORT, FL 34289

**Current Mailing Address:**

2567 N TOLEDO BLADE BLVD  
NORTH PORT, FL 34289

**New Mailing Address:**

2567 N TOLEDO BLADE BLVD  
UNIT 1  
NORTH PORT, FL 34289

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

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

MCKINLEY, MICHAEL R  
MICHAEL R. MCKINLEY, ESQUIRE  
21175 OLEAN BLVD  
PORT CHARLOTTE, FL 33952 US

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: MICHAEL R. MCKINLEY

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ARNOLD, RICHARD W  
Address: 2567 N TOLEDO BLADE BLVD  
City-St-Zip: NORTH PORT, FL 34289

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV ( ) Delete  
Name: OPEL, HORACE  
Address: 1800 SEVERN GROVE RD  
City-St-Zip: ANNAPOLIS, MD 21401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS ( ) Delete  
Name: ARNOLD, ELAINE B  
Address: 2567 N TOLEDO BLADE BLVD  
City-St-Zip: NORTH PORT, FL 34289

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT ( ) Delete  
Name: OPEL, WENDY  
Address: 1800 SEVERN GROVE RD  
City-St-Zip: ANNAPOLIS, MD 21401

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: RICHARD W. ARNOLD

PRES

12/21/2006

Electronic Signature of Signing Officer or Director

Date