

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006544

FILED
Oct 10, 2006
Secretary of State

Entity Name: P.V. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

541 NW CASHMERE BLVD.
PORT ST. LUCIE, FL 34896

New Principal Place of Business:

Current Mailing Address:

541 NW CASHMERE BLVD.
PORT ST. LUCIE, FL 34896

New Mailing Address:

555 COLORADO AVE.
STUART, FL 34994

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:

CRARY, LAWRENCE E III
555 COLORADO AVE.
STUART, FL 34994 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: LAWRENCE E. CRARY III

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STODDARD, WILLIAM J
Address: 2277 SE LENNARD RD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VD () Delete
Name: MOUTOGIANNIS, LINDA
Address: 1304 SW BAYSHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: STD () Delete
Name: VICINI, MARK
Address: 825 MACARTHUR BLVD.
City-St-Zip: STUART, FL 34996

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: WILLIAM J. STODDARD

PD

10/10/2006

Electronic Signature of Signing Officer or Director

Date