

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000007916

FILED  
Nov 20, 2006  
Secretary of State

**Entity Name:** VILLA CAMPANIA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6211 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

7802 KINGSPONTE PKWY  
SUITE 104  
ORLANDO, FL 32819

**Current Mailing Address:**

6211 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920

**New Mailing Address:**

7802 KINGSPONTE PKWY  
SUITE 104  
ORLANDO, FL 32819

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

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

KALIDAS, VINOD  
7575 KINGSPONTE PKWY  
STE 23  
ORLANDO, FL 32819 US

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

KALIDAS, VINOD  
7802 KINGSPONTE PKWY  
SUITE 104  
ORLANDO, FL 32819 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: VINOD KALIDAS

11/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title:                      P                      ( ) Change (X) Addition  
Name:                      KALIDAS, VINOD  
Address:                      7802 KINGSPONTE PKWY, SUITE 104  
City-St-Zip:                      ORLANDO, FL 32819

Title:                      S                      ( ) Change (X) Addition  
Name:                      KALIDAS, ARTI  
Address:                      7802 KINGSPONTE PKWY, SUITE 104  
City-St-Zip:                      ORLANDO, FL 32819

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: VINOD KALIDAS

P

11/20/2006

Electronic Signature of Signing Officer or Director

Date