


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 DEC -4 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05704		
1. Entity Name C.W. CONDOMINIUM ASSN., INC.		

Principal Place of Business 1731 NW 6 ST A GAINESVILLE, FL 32609 US	Mailing Address 4611 NW 53 AVE. GAINESVILLE, FL 32609 US
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2. Principal Place of Business 40 5522 NW 43 ST. Suite, Apt. #, etc. B	3. Mailing Address 40 5522 NW 43 ST. Suite, Apt. #, etc. B
City & State GAINESVILLE, FL	City & State GAINESVILLE, FL
Zip 32653	Country US



11282006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-2495309	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ED BAUR MANAGEMENT INC. 1731 NW 6 ST GAINESVILLE, FL 32609	7. Name and Address of New Registered Agent Name BOSSHARDT PROPERTY MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 5522 NW 43 ST. STE B City GAINESVILLE FL Zip Code 32653
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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 CAROL MORALES 11-28-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARREN, MICHAEL 502 NW 16 AVE. GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600082263876 12/04/06--01061--014 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HELMS, HARLIE 502 NW 16 AVE. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANIKA A. ODUKALE 2735-1607 SW 35 PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEARGENT, FRED 2735-503 SW 35 PL GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEYIN FOUST 2735-404 SW 35 PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMS, CODY 502 NW 16 AVE GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BO SIMIC 2735-404 SW 35 PLACE GAINESVILLE, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, DARREN P 2735-1803 SW 35 PL GAINESVILLE, FL 32608 <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	REINSTATEMENT 06 DEC

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 another like empowered.

SIGNATURE: [Signature] 11-28-06 352-240-2713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #