2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000003194

1. Entity Name
PROMENADE AT TRADITION COMMUNITY ASSOCIATION, INC.

FILED
08 OCT 14 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463 US	C/O GRS MANAGEMENT, INC. 3900 WOODLAKE BLVD., SUITE 309 LAKE WORTH, FL 33463 US

REINSTATEMENT 08
10082008--REIN-NP GR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
430 NW Lake Whitney Pl.	P.O. Box 880038
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL.	City & State: Port St. Lucie
Zip: 34986 Country: U.S.A.	Zip: 34988 Country:

4. FEI Number 20-4544914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHENDELL & ASSOCIATES, P.A. 3650 N. FEDERAL HIGHWAY #202 LIGHTHOUSE POINT, FL 33064	Name: Bayshore Association Mgmt Street Address (P.O. Box Number is Not Acceptable): ~~P.O. Box 8~~ 430 NW Lake Whitney Pl. City: Port St. Lucie FL Zip Code: 34986

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: William T. Shendell & Assoc. 10/9/08
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, 2009, 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REILLY, SHAWN 10521 SW VILLAGE CENTER DR #201 TRADITION, FL 34987	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.T. Gus Burgess 10521 SW Village Center #201 Tradition, FL 34987 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ PD EHRSAM, HOWARD 10521 SW VILLAGE CENTER DR #201 TRADITION, FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition D00136905160 10/14/08--01038--005 **122.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ SD FONTANA, LARRY 10320 SW STEPHANIE WAY PORT ST. LUCIE, FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/14
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Dee Jelly LCAM 10/9/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
for the Board