

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|--|--|---|
| DOCUMENT # N06000010115 1. Entity Name BONITA BEACHWALK CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 | | Mailing Address 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 | |
| 2. Principal Place of Business - No P.O. Box # 4450 BONITA BEACH RD. | | 3. Mailing Address Suite, Apt. #, etc. SUITE 6 | |
| City & State BONITA SPRINGS, FL | | City & State City & State | |
| Zip 34134 | | Country USA | |
| 4. FEI Number Applied For Not Applicable | | 10052007 REIN-NP CR2E099 (1/07) | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WOODWARD, MARK J ESQ. 3200 TAMIAMI TRAIL NORTH, SUITE 200 NAPLES, FL 34103 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code | |
| 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50 | | 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 DAVIS, MICHAEL J 4829 GARY RD. BONITA SPRINGS, FL 34134 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Davis, Michael J. 27615 IMPERIAL RIVER ROAD Bonita Springs, FL 34134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PONTASCH, WALTER A 175 CENTER ST. NAPLES, FL 34108 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100110872761 10/17/07--01008--020 **236.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD VESPI, FRANK 1955 MISSION DR. NAPLES, FL 34109 | 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: | | President | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 10-10-07 Daytime Phone #: 239-948-2667 | |

10/18/07