



# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N07000000126</b>						<b>FILED</b> 09 APR 16 PM 12:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
<b>1. Entity Name</b> PIER RESORT CONDOMINIUM ASSOCIATION, INC.				<b>Principal Place of Business</b> 104 S HARBOR CITY BLVD STE A MELBOURNE, FL 32901				<b>Mailing Address</b> 104 S HARBOR CITY BLVD STE A MELBOURNE, FL 32901	
<b>2. Principal Place of Business - No P.O. Box #</b> 105 Pulephar Ave		<b>3. Mailing Address</b> 1980 N Atlantic Ave		Suite, Apt. #, etc. Suite 701		04142009 REIN-NP CR2E099 (1/07)			
City & State Cocoa Beach FL		City & State Cocoa Beach FL		<b>4. FEI Number</b> 84-1725816		Applied For Not Applicable			
Zip 32931		Country USA		Zip 32931		Country USA			
<b>6. Name and Address of Current Registered Agent</b> GILLILAND, JOY 104 S HARBOR CITY BLVD STE A MELBOURNE, FL 32901				<b>7. Name and Address of New Registered Agent</b> Name: Richard H Stottler Jr Street Address (P.O. Box Number is Not Acceptable): 8680 N Atlantic Ave City: Cape Canaveral FL Zip Code: 32920					
<b>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.</b> Richard H Stottler Jr									
SIGNATURE _____				DATE: 4/14/09					
<small>Signature, typed or printed name of registered agent and title if applicable.</small>				<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>				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			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> DP	<b>NAME</b> GILLILAND, JOY	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DP	<b>NAME</b> Stottler Richard H Jr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 8680 N Atlantic Ave			
<b>CITY-ST-ZIP</b> MELBOURNE, FL 32901			<b>CITY-ST-ZIP</b> Cape Canaveral FL 32920						
<b>TITLE</b> DV	<b>NAME</b> DEEVERS, JUDITH	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DV	<b>NAME</b> Lori Stottler	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 1115 S Brevard Ave			
<b>CITY-ST-ZIP</b> CAPE CANAVERAL, FL 32920			<b>CITY-ST-ZIP</b> Cocoa Beach FL 32931						
<b>TITLE</b> DST	<b>NAME</b> STOTTLER, RICHARD H JR	<input type="checkbox"/> Delete	<b>TITLE</b> DST	<b>NAME</b> Michelle Budrow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>STREET ADDRESS</b> 8 Traditional Ln			
<b>CITY-ST-ZIP</b> CAPE CANAVERAL, FL 32920			<b>CITY-ST-ZIP</b> Loudonville NY 12211						
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME		<input type="checkbox"/> Delete	<b>TITLE</b> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP						
<b>TITLE</b> NAME		<input type="checkbox"/> Delete	<b>TITLE</b> NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>STREET ADDRESS</b> CITY-ST-ZIP			<b>STREET ADDRESS</b> CITY-ST-ZIP						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>REINSTATEMENT</b>   RH </div> <div style="width: 45%; text-align: right;"> 000150715740  04/16/09--01048--011 **122.50 </div> </div>									
<b>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 officers and directors.</b> Richard H Stottler Jr									
SIGNATURE: _____				DATE: 4/14/09					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>					