


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

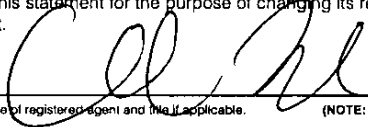
DOCUMENT # N07000001878		
1. Entity Name SAUVIGNON VILLAGE ASSOCIATION, INC.		

Principal Place of Business 8156 FIDDLER'S CREEK PKWY NAPLES, FL 34114-0816	Mailing Address 8156 FIDDLER'S CREEK PKWY NAPLES, FL 34114-0816
---	---

2. Principal Place of Business - No P.O. Box # 5067 Tamiami Tr. E. Suite, Apt. #, etc.	3. Mailing Address 5067 Tamiami Tr. E. Suite, Apt. #, etc.
--	--

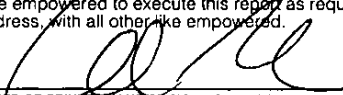
City & State Naples, FL	City & State Naples, FL	4. FEI Number 20-8520803	Applied For <input type="checkbox"/> Not Applicable
Zip 34113	Country Collier	Zip 34113	Country Collier

6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMIAMI TRAIL NORTH STE 200 NAPLES, FL 34109	7. Name and Address of New Registered Agent Name Cardinal Management Group Street Address (P.O. Box Number is Not Acceptable) 5067 Tamiami Trail East City Naples FL 34113
--	--

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 	DATE 10/27/08

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 PARISI, JOSEPH L 8156 FIDDLER'S CREEK PKWY NAPLES, FL 341140816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Corbett Messmaker 3263 Hyacinth Drive Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DINARDO, ANTHONY 8156 FIDDLER'S CREEK PKWY NAPLES, FL 341140816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Robert Pordelka 3283 Hyacinth Drive Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRSTEIN, TOM 8156 FIDDLER'S CREEK PKWY NAPLES, FL 341140816 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Steven Koren 3271 Hyacinth Drive Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 10/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED

08 OCT 29 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05/27/08 96644 043 70<sup>00</sup>



10272008 REIN-NP CR2E099 (1/07)

REINSTATEMENT

RH

239-774-0223