

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000008732

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE RESIDENCES AT COCONUT POINT II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8011 VIA MONTE CARLO WAY
SUITE A
ESTERO, FL 33928

New Principal Place of Business:

4495 SAGUARO TRAIL
INDIANAPOLIS, IN 46268

Current Mailing Address:

8011 VIA MONTE CARLO WAY
SUITE A
ESTERO, FL 33928

New Mailing Address:

4495 SAGUARO TRAIL
INDIANAPOLIS, IN 46268

FEI Number: 26-1087056 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STRILING ROAD
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CAROLYN QUINONES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, BETH
Address: 4495 SAGUARO TRAIL
City-St-Zip: INDIANAPOLIS, IN 462682555

Title: VPD () Delete
Name: MARTIN, GREG
Address: 4495 SAGUARO TRAIL
City-St-Zip: INDIANAPOLIS, IN 462682555

Title: STD (X) Delete
Name: BACICA, MANDY
Address: 4495 SAGUARO TRAIL
City-St-Zip: INDIANAPOLIS, IN 462682555

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH SMITH

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date