

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000009485

FILED  
Nov 19, 2009  
Secretary of State

**Entity Name:** COSTA VERDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236

**New Principal Place of Business:**

25 S. LINKS AVENUE  
SARASOTA, FL 34236

**Current Mailing Address:**

1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236

**New Mailing Address:**

25 S. LINKS AVENUE  
SARASOTA, FL 34236

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:**

INVERSO, DARREN R  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

SKOKOS, PETER Z  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 US

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: PETER Z. SKOKOS

11/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLMSTROM, DELMORE D  
Address: 1819 MAIN STREET, SUITE 610  
City-St-Zip: SARASOTA, FL 34236

Title: VPD ( ) Delete  
Name: HOLMSTROM, ZACHERY D  
Address: 1819 MAIN STREET, SUITE 610  
City-St-Zip: SARASOTA, FL 34236

Title: STD ( ) Delete  
Name: WARNER, SHANNA-ELIGH  
Address: 1819 MAIN STREET, SUITE 610  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MCCURRY, NEIL  
Address: 25 S. LINKS AVE  
City-St-Zip: SARASOTA, FL 34236

Title: VPD (X) Change ( ) Addition  
Name: STROBL, MICHAEL  
Address: 25 S. LINKS AVE  
City-St-Zip: SARASOTA, FL 34236

Title: STD (X) Change ( ) Addition  
Name: JOHNSON, RANA  
Address: 25 S. LINKS AVE  
City-St-Zip: SARASOTA, FL 34236

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: NEIL D. MCCURRY

P

11/19/2009

Electronic Signature of Signing Officer or Director

Date