

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07533

FILED
Mar 28, 2006
Secretary of State

Entity Name: THE PURPLE MARTIN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O DOLORES SCHELLI
3101 PEACE RIVER DR
HARBOUR HGTS, FL 33983

New Principal Place of Business:

C/O JOHN CICCONE
341 CLEARWATER COURT
CAROL STREAM, IL 60188

Current Mailing Address:

3245 PURPLE MARTIN DR.
#6
PUNTA GORDA, FL 33950 US

New Mailing Address:

3245 PURPLE MARTIN DR.
#7
PUNTA GORDA, FL 33950 US

FEI Number: 35-9058445 **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:

STENCIL-WORCH, KATHLEEN R STD
3245 PURPLE MARTIN DR.
#6
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

STENCIL-WORCH, KATHLEEN R TD
3245 PURPLE MARTIN DR.
#6
PUNTA GORDA, FL 33950 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: KATHLEEN STENCIL-WORCH

03/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CICCONE, JOHN,
Address: 341 CLEARWATER COURT
City-St-Zip: CAROL STREAM, IL 60188 US

Title: VD () Delete
Name: CICCONE, RITA,
Address: 341 CLEARWATER COURT
City-St-Zip: CAROL STREAM, IL 60188 US

Title: STD () Delete
Name: STENCIL-WORCH, KATHLEEN
Address: 3245 PURPLE MARTIN DR #6
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: LUDVIG, MARIE,
Address: 3245 PURPLE MARTIN DRIVE #2
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: TD (X) Change () Addition
Name: STENCIL-WORCH, KATHL, EEN
Address: 3245 PURPLE MARTIN DR #6
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE Z LUDVIG

SD

03/28/2006

Electronic Signature of Signing Officer or Director

Date