

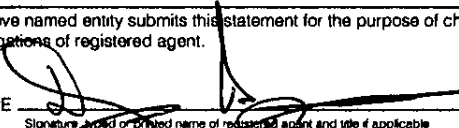
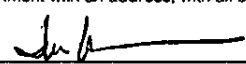


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09622 1. Entity Name DUNEDIN PINES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3684 TAMPA ROAD, STE 6 OLDSMAR, FL 34677 US				Mailing Address 3684 TAMPA ROAD, STE 6 OLDSMAR, FL 34677 US	
2. Principal Place of Business - No P.O. Box # 97 MINEOLA DR. Suite, Apt. #, etc. E. BELLEAIR BLUFFS.		3. Mailing Address 97 MINEOLA DR. E. Suite, Apt. #, etc. BELLEAIR BLUFFS		 REINSTATEMENT 08-09 REINSTATEMENT 08-09 (1/07)	
City & State FLORIDA		City & State FLORIDA		4. FEI Number 65-0188670	
Zip 33770		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALBRAITH, CHARLA HERITAGE PROPERTY MGMT, INC 3684 TAMPA RD, STE G OLDSMAR, FL 34677				7. Name and Address of New Registered Agent Name DENIS BOURGOING Street Address (P.O. Box Number is Not Acceptable) SUNSHINE RLT. INC 97 MINEOLA DR. E. City BELLEAIR BLUFFS FL Zip Code 33770	
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  <small>Signature of registered agent or printed name of registered agent and title if applicable</small>				DATE 11/01/08	
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 PD NAME LOPEZ, ALCYN STREET ADDRESS 1204 CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Helen Fisk STREET ADDRESS 1192 Falcon Dr CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD DIRECTOR NAME JAMPAGLIA, JOHN STREET ADDRESS 1172 FALCON DRIVE CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete		TITLE MILDRED GREER NAME 1128 PALKEN DR STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME GOSCHE, DEBORAH STREET ADDRESS P.O. BOX 1372 CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE 600138343246 NAME 12/01/08--01062--001 STREET ADDRESS **\$61.25 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SMITH, ANDRIA STREET ADDRESS 1108 FALCON DR CITY-ST-ZIP DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete		TITLE INSTATE NAME 600138343246 STREET ADDRESS 01/15/09--01012--004 CITY-ST-ZIP **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE Terri Abramovici NAME 1188 Falcon Dr. STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE PD NAME EUGENE R OLWELL STREET ADDRESS 1204 FALCON DRIVE CITY-ST-ZIP DUNEDIN FL 34698	<input type="checkbox"/> Delete				
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/01/08 <small>Date</small>	