

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N12000010728

**FILED**  
**Oct 17, 2013**  
**Secretary of State**

**Entity Name:** 817 VIA TRIPOLI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4645 SE 11TH PLACE  
UNIT 103  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4645 SE 11TH PLACE  
UNIT 103  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 45-3113999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHUTT, DARRIN R ESQ.  
1322 SE 46TH LANE  
SUITE 202  
CAPE CORAL, FL 33904 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:** HP

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** PINEDA, HERNAN  
**Address:** 4645 SE 11TH PLACE, UNIT 103  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** VPD  
**Name:** GOTE, ALVARE  
**Address:** 4645 SE 11TH PLACE, UNIT 103  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** STD  
**Name:** GIBBS, ALFREDO  
**Address:** 4645 SE 11TH PLACE, UNIT 103  
**City-St-Zip:** CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

**SIGNATURE:** HERNAN PINEDA

ADMI

10/17/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date