2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N12225

1. Entity Name
BEACHCOMBER CONDOMINIUM ASSOCIATION, INC.

FILED
2007 FEB -5 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01232007 REIN-NP CR2E099 (1/07)

Principal Place of Business	Mailing Address
C/O ISLAND FINANCIAL SERVICES 12858 BANYAN CREEK DRIVE FORT MYERS, FL 33908	C/O ISLAND FINANCIAL SERVICES 12858 BANYAN CREEK DRIVE FORT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Gilbert Wallace, Stewart Etal	Gilbert Wallace, Stewart Etal
Suite, Apt. #, etc.: 2040 Virginia Ave	Suite, Apt. #, etc.: 2040 Virginia Ave.
City & State: Ft. Myers	City & State: Ft. Myers
Zip: 33902 Country: Lee	Zip: 33902 Country: Lee

4. FEI Number 59-2674859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OWENS, DAVID A
12853 BANYAN CREEK DRIVE
FORT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name: JAMES M. SOWERS
Street Address (P.O. Box Number is Not Acceptable): 2040 VIRGINIA AVE
City: Ft Myers FL Zip Code: 33901

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: James M Sowers 1/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	AT OWENS, DAVID 12853 BANYAN CREEK DR SANIBEL, FL 33957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 James Nelson PO Box 517 Fish Creek, WI 54212 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, JOSEPH 2692 WADSWORTH RD. SHAKER HEIGHTS, OH 44122	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 Paul Dickie 40 Old Mill Rd. 501 Toronto, Ontario M8X1G7 Canada ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GURAU, BRUCE ONE MAIN ST CONCORD, MA 01742	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLLEUR, RICHARD 115 QUAY ST ALEXANDRIA, VA 22314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 2/9/07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT 06-07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100088288071 02/14/07--01011--013 **122.50

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: Richard A. Molleur 1/24/'07 239-395-0662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #