

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N14050</b> 1. Entity Name <b>GOODMANS SUBDIVISION ROAD ASSOCIATION, INC.</b>			
Principal Place of Business <b>740 NUNA AVE</b> <b>LOT 13 17</b> <b>FT. MYERS, FL 33905 US</b>		Mailing Address <b>740 NUNA AVE</b> <b>LOT 13 17</b> <b>FT. MYERS, FL 33905 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>740 NUNA AVE</b> <b>Lot # 17</b> <b>Fort Myers FL</b>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>59-2670371</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FOOTE, FRANCES DUNCAN, TEKKA</b> <b>740 NUNA AVE</b> <b>#1, Lot 17</b> <b>FT MYERS, FL 33905</b>		7. Name and Address of New Registered Agent  Name <b>TEKKA DUNCAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>740 NUNA AVE. Lot #17</b>  City <b>Fort MYERS</b> <b>FL</b> Zip Code <b>33905</b>	
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 <b>TEKKA R. DUNCAN Sec. Treas</b> <i>Tekka R. Duncan</i> <b>Oct 22, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYER, BARBARA 740 NUNA AVE LOT 14 FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete  <b>900042186589</b> <b>10/26/04--01053--010 **70.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, TONEY 740 NUNA AVE, LOT 10 FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOOTE, FRANCES 740 NUNA AVE -LOT 13 FT. MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST DUNCAN, TEKKA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINK, JOYCE 740 NUNA AVE LOT 7 FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLOVER, PATRICIA 740 NUNA AVE -LOT 9 FT. MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNCAN, EDITH 740 NUNA AVE -LOT 12 FT. MYERS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <b>TEKKA R. DUNCAN</b> <i>TEKKA R. DUNCAN</i> <b>Oct 22, 2004</b> <b>690-1855</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

FILED  
04 OCT 26 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10202004 REIN-NP CR2E099 (6/04)