

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20326

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** SOMBRERO RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

19 SOMBRERO BLVD  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

18167 US HIGHWAY 19 NORTH  
SUITE 500  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 59-2631951

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWER, HOLLY A ESQ  
12800 UNIVERSITY DRIVE  
SUITE 260  
FORT MYERS, FL 33907 US

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

APOGEE NEW DAWN  
3600 SOUTH CONGRESS AVE  
SUITE D  
BOYNTON BEACH, FL 33426 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: GREG NORAGON

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FERARRO, BRUCE  
Address: 119 CALLE ENSUENO  
City-St-Zip: MARATHON, FL 33050

Title: SD ( ) Delete  
Name: WOLK, DOUGLAS  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: HOLT, CRAIG  
Address: 18167 US HIGHWAY 19 NORTH, SUITE 500  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD (X) Change ( ) Addition  
Name: GORMAN, TOM  
Address: 311 EAST TIMONIUM RD  
City-St-Zip: TIMONIUM, MD 21093

Title: D (X) Change ( ) Addition  
Name: MAVKIKAS, NICHOLAS  
Address: 19 SOMBRERO BLVD  
City-St-Zip: MARATHON, FL 33050

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, ALBERT  
Address: 12232 S E PLANDOME DR  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify 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: GREG NORAGON

RA

04/29/2009

Electronic Signature of Signing Officer or Director

Date