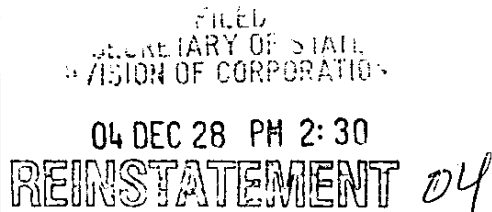
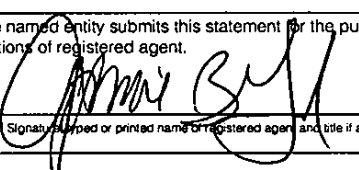
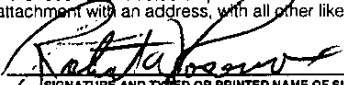


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N28310 1. Entity Name BRADSTROM VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O KRINSKY PROPERTY MANAGEMENT 4120 ENTERPRISE AVE. #110 NAPLES, FL 34104 US			Mailing Address C/O KRINSKY PROPERTY MANAGEMENT 4120 ENTERPRISE AVE. #110 NAPLES, FL 34104 US		
2. Principal Place of Business Go Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215		3. Mailing Address Same Suite, Apt. #, etc.		12072004 REIN-NP CR2E099 (6/04)	
City & State Naples, FL		City & State		4. FEI Number 59-1695770	
Zip 34104		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRINSKY PROPERTY MGMT 4120 ENTERPRISE AVE. #110 NAPLES, FL 34104				7. Name and Address of New Registered Agent Name Jaime Greusel Street Address (P.O. Box Number is Not Acceptable) 1104 N. Collier Blvd. City Marco Island FL Zip Code 34745	
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 				DATE 12/12/04	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP	TD DANIEL, FLOREANI 332 BRADSTROM CIRCLE, D-204 NAPLES, FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800043664418 12/28/04--01006--019 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALM, HELEN 528 BRADSTROM CIRCLE, E-101 NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORCROSS, ALVIN 334 BRADSTROM CIRCLE, C-202 NAPLES, FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, NORMA 332 BRADSTROM CIRCLE, D-104 NAPLES, FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, BRAD 338 BRADSTROM CIR, A-102 NAPLES, FL 34113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Cocture <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 328 Bradstrom Circle #E 203 Naples, FL 34113	
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: 				Date 12/20/04 Daytime Phone # 239-649-5526	