

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 13 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

<b>DOCUMENT # N29837</b> 1. Entity Name <b>CASSEEKEY ISLAND DOCK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>			Mailing Address <b>C/O DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458 US</b>		
2. Principal Place of Business <b>Seacrest Services, Inc. c/o Suite, Apt. #, etc. Suite 175 2400 Centre Pk. W. Dr.</b>		3. Mailing Address <b>Seacrest Services, Inc. c/o Suite, Apt. #, etc. Suite 175 2400 Centre Pk. W. Dr.</b>			
City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>65-0095110</b>	
Zip <b>33409</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CARPENTER, JAY C/O DICKINSON MANAGEMENT 400 TONEY PENNA DRIVE JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>Jay Carpenter</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Seacrest Services, Inc. 2400 Centre Pk. W. Dr. - Suite 175</b> City <b>West Palm Beach</b>		
City <b>FL</b>			Zip Code <b>33409</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: Signature, typed or printed name of registered agent and title if applicable. <b>Jay C. Carpenter</b>				DATE <b>10/12/06</b>	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$238.25 After January 1, 2007, Fee will be \$297.50			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	VPD SCHWARTZ, TED 400 TONEY PENNA DR. JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 Centre Pk. W. -- Suite 175 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARPENTER, JAY 400 TONEY PENNA DRIVE JUPITER, FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2400 Centre Pk. W. --- Suite 175 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, PHILLIP W 400 TONEY PENNA DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STD Castellana, Angelo 2400 Centre Pk. W. -- Suite 175 West Palm Beach, FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500090819325 10/13/06--01011--026 **245.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>10/12/06 5:41 310 8767</b> Daytime Phone	

JC 10/18