

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR -5 AM 9:26

CLERK OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N32602	
1. Entity Name LOG HARBOR CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business 8400 U.S. HIGHWAY 441 SE OKEECHOBEE, FL 34974	Mailing Address 6021 NW 57TH WAY PARKLAND, FL 33067 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8352 US HWY 441 SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State OKEECHOBEE, FL	
Zip	Country	Zip	Country
34974		OKEECHOBEE	

02222007 REIN-NP CR2E099 (1/07)

4. FEI Number 65-0123996	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUNNINGHAM, WAYNE 8352 US HWY 441 SE OKEECHOBEE, FL 34974	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <i>Wayne Cunningham</i>	WAYNE CUNNINGHAM 02-22-07
(NOTE: Registered Agent signature required when reinstating)	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, WAYNE 8352 US HWY 441 SE OKEECHOBEE, FL 34974 <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	VPD HARTMAN, JERRY 490 SE 9TH AVE POMPAHO BEACH, FL 33067 <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	STD MUSH, DIANE M 5560 SE SCHOONET OAKS WAY STUART, FL 34997 <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	D SOKOLOWSKI, MARK 8362 US HWY 441 SE OKEECHOBEE, FL 34974 <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	D BOYUM, DEBBIE 13651 STAMFORD DR WEST PALM BEACH, FL 33414 <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: <i>Diane M. MUSH</i>	DIANE M. MUSH 02-22-07
772-201-9578	
Date Daytime Phone #	

2/3/7