

**2004 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**


FILED

04 NOV 24 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 04**



DOCUMENT # N36282					
1. Entity Name BONITA VISTA BAYSIDE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 255 2ND AVE NORTH SAFETY HARBOR, FL 34695 US			Mailing Address 255 2ND AVE NORTH SAFETY HARBOR, FL 34695 US		
2. Principal Place of Business <i>2199 SERPENTINE C/A. S.</i>		3. Mailing Address <i>2199 SERPENTINE C/A. S.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>ST. PETERSBURG, FL</i>		City & State <i>ST. PETERSBURG, FL</i>		4. FEI Number 59-3110146	
Zip <i>33712</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GULKIS, JULIE 255 2ND AVE NORTH SAFETY HARBOR, FL 34695			Name <i>JULIE GULKIS</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>2199 SERPENTINE C/A. S.</i>		
			City <i>ST. PETERSBURG FL</i>		
			Zip Code <i>33712</i>		
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>Julie A. Gulkis</i>				DATE <i>11-21-04</i>	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, BRUCE	NAME	<i>400043005014</i>		
STREET ADDRESS	951 S. BAYSHORE BLVD.	STREET ADDRESS	<i>11/24/04--01058--007 **61.25</i>		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULKIS, JULIE	NAME	<i>2199 SERPENTINE C/A. S.</i>		
STREET ADDRESS	255 2ND AVE NORTH	STREET ADDRESS	<i>ST. PETERSBURG, FL 33712</i>		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULKIS, DENNIS	NAME	<i>2199 SERPENTINE C/A. S.</i>		
STREET ADDRESS	255 2ND AVE NORTH	STREET ADDRESS	<i>ST. PETERSBURG, FL 33712</i>		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Julie A. Gulkis</i>		DATE: <i>11-21-04</i>		DAYTIME PHONE #: <i>(727) 644-8016</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	