
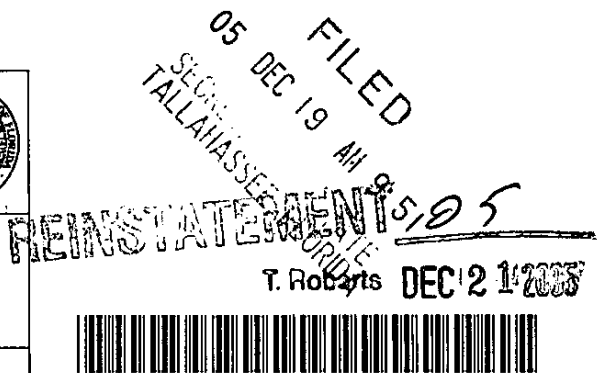


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N41740 1. Entity Name GOPHER WALK HOMEOWNERS' ASSOCIATION, INC.	
---	---

Principal Place of Business GOPHER WALK WAY SANIBEL, FL 33957	Mailing Address PO BOX 100 SANIBEL, FL 33957
---	--

2. Principal Place of Business	3. Mailing Address PO BOX 190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Sanibel, FL
Zip	Country USA



10102005 REIN-NP CR2E099 (6/04)

4. FEI Number 65-0309751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JAMBECK, NICK 703 TARPON BAY RD # B SANIBEL, FL 33957

7. Name and Address of New Registered Agent Name Stroemer Tuscan Company, PA Street Address (P.O. Box Number is Not Acceptable) 8961 Conference Drive Suite 2 City Fort Myers FL Zip Code 33919

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 Michael P. Miller 10/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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	PD WARREN, JEFFERY L 718 GOPHER WALK WAY SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060855493 10/21/05--01030--020 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEEK, MARGE 712 GOPHER WALK WY SANIBEL, FL 33957 <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	SD AVERY, BRUCE 722 GOPHER WALK SANIBEL, FL 33957 <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	Assistance Treasurer Michael Miller 8961 Conference Drive Ste #2 Fort Myers, FL 33919 <input checked="" 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
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 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: Michael P. Miller 10/17/05 738-433-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #