

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N46976

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** ZALES PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1327 N CENTRAL AVE  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

1327 N CENTRAL AVE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 65-0323278      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RENE' G. VANDEVOORDE  
1327 NORTH CENTRAL AVE  
SEBASTIAN, FL 32958 US

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.

SIGNATURE: RENE' G. VANDEVOORDE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JAMES P SPOTO,  
Address: 5982 COLORVIEW CT  
City-St-Zip: SAN JOSE, CA 95120

Title: VD ( ) Delete  
Name: BRADY, VALERIE R,  
Address: 4053 11TH ST  
City-St-Zip: SEBASTIAN, FL 32976

Title: STD ( ) Delete  
Name: RONALD SPOTO,  
Address: 1776 CORAL WAY NORTH  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD SPOTO

STD

04/22/2005

Electronic Signature of Signing Officer or Director

Date