


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N47622</b>		
1. Entity Name ISLE OF CATALINA HOMEOWNER'S ASSOCIATION, INC.		

**FILED**

05 APR 11 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5401 S. KIRKMAN ROAD ORLANDO, FL 32819	Mailing Address 5401 S. KIRKMAN ROAD ORLANDO, FL 32819
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>Suite 450</b>		Suite, Apt. #, etc. <b>Suite 450</b>	
City & State		City & State	
Zip	Country	Zip	Country

04052005 REIN-NP CR2E099 (6/04)

4. FEI Number  
**59-3129153**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN ROAD ORLANDO, FL 32819 <b>Suite 450</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITCHELL, CHARLENE 2606 SEABREEZE CT. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200051257352</b> <b>04/19/05--01088--002 **122.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORDAN, GEORGE 2423 CARIBBEAN CT ORLANDO, FL 32803 <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 TUTTLE, ED 2601 SEABREEZE CT ORLANDO, FL 32805 <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 KASPER, ROBERT 2604 TRADEWINDS TRAIL ORLANDO, FL 32805 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>04/19/05--01088--002</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUSCH, JAMES 2909 TRADEWINDS TRAIL ORLANDO, FL 32805 <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 MITCHELL, STEVE 2606 SEABREEZE CT ORLANDO, FL 32805 <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: Charlene K. Mitchell **CHARLENE K. MITCHELL, V.P.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3211  
228-1734  
4-5-05  
Daytime Phone #