
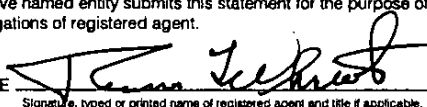
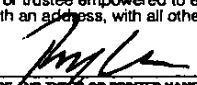


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000001217 1. Entity Name COURT OF PALMS PROPERTY OWNERS ASSOCIATION, INC.						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> FILED 08 DEC 11 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 7673 39 ST CIR EAST SARASOTA, FL 34243				Mailing Address PO BOX 76 TALLEVAST, FL 34270			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 65-0650867				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 WHITE, ROBERT F 7653 -39TH ST CIR, E SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name RONALD C GRANDE Street Address (P.O. Box Number is Not Acceptable) 7636 39th ST CIRCLE EAST City SARASOTA FL Zip Code 34243			
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  <div style="float: right; text-align: right;"> DATE _____ </div>							
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$81.25 After January 1, 2009, Fee will be \$122.50 </div> <div> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. </div> <div> Make check payable to Florida Department of State </div> </div>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WISE, DANIEL 7668 39TH ST CIR, E SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700138956397 12/11/08--01025--003 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STRIETELMEIER, MIKE 7640 39TH ST CIR, E SARASOTA, FL 34243	<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	TD WHITE, ROBERT F 7653-39TH ST CIR, E SARASOTA, FL 34243	<input checked="" 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 MAIER, GREGORY 7637 39TH CIR, E SARASOTA, FL 34243	<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	TD RONALD C GRANDE 7636 39th ST CIRCLE EAST SARASOTA, FLA. 34243	<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	(Empty)	<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: 				<div style="display: flex; justify-content: space-between;"> <div> 12/8/08 Date </div> <div> 941-306-5444 Daytime Phone # </div> </div>			

12/11
aw