

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005462

FILED
Sep 11, 2006
Secretary of State

Entity Name: CENTRAL PARK II COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

2100 SOUTH KANNER HIGHWAY
STUART, FL 34995

New Principal Place of Business:

51 SE CENTRAL PARKWAY
STUART, FL 34994

Current Mailing Address:

PO BOX 1453
STUART, FL 34995

New Mailing Address:

51 SE CENTRAL PARKWAY
STUART, FL 34994

FEI Number: 65-1066887 **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:

SAWYER, THOMAS R ESQ.
2081 E. OCEAN BLVD. 2ND FLOOR
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: THOMAS SAWYER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STANGO, MICHAEL
Address: 111 VILLA BELLA
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: PARKS, RALPH
Address: 1100 S FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: TD () Delete
Name: ETELSON, TRACEY
Address: 51 SE CENTRAL PARKWAY
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ETELSON, TRACEY
Address: 111 VILLA BELLA
City-St-Zip: JUPITER, FL 33458

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 Chapter 119, 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: TRACEY ETELSON

PD

09/11/2006

Electronic Signature of Signing Officer or Director

Date