## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005057

**FILED** May 01, 2006 Secretary of State

Entity Name: PGI SECTION 24 PROPERTY OWNERS ASSOCIATION, INC.

FEI Number Applied For ( )

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

1107 W. MARION AVE., STE 112 PUNTA GORDA, FL 33950

**Current Mailing Address:** 

**New Mailing Address:** 

1107 W. MARION AVE., STE 112 SUITE 2

1107 W. MARION AVENUE SUITE 112

PUNTA GORDA, FL 33950

PUNTA GORDA, FL 33950

FEI Number: 65-0751949

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent:

MERKIN, STEWART A 444 BRIĆKELL AVENUE SUITE 300

MIAMI, FL 33131 US

FILEMAN, ARIANA R 1107 WEST MARION AVENUE

SUITE 112

Title:

Name:

Address:

City-St-Zip:

PUNTA GORDA, FL 33950 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: ARIANA R. FILEMAN

Name and Address of Current Registered Agent:

05/01/2006

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

() Delete

MARTIN, SUZANNE W Name:

444 BRICKELL AVE., STE. 300 Address:

City-St-Zip: MIAMI, FL 33131

(X) Change ( ) Addition BOVE, GABRIEL M Name:

Address: 4300 MARSH LANDING BLVD., STE #202

City-St-Zip: JACKSONVILLE BEACH, FL 32250

YODER, JAMES S

12338 ARBOR DRIVE

PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete

Name: LORICCO, CARLO

Address: 3005 CARING WAY, SUITE A

City-St-Zip: PORT CHARLOTTE, FL

Title: () Delete Title: S/D

MERKIN, STEWART Name:

Name: BOVE, PHYLLIS 444 BRICKELL AVE., #300 4300 MARSH LANDING BLVD., STE #202 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: GABRIEL M. BOVE P/D 05/01/2006