
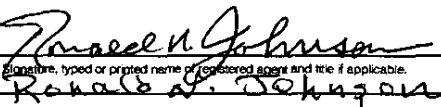
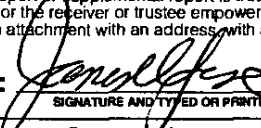


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                               |                                                        |                                                                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N99000004129</b><br>1. Entity Name<br><b>FOUNTAIN BEACH CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                                               |                                                        |                                                                                                                                    |  |
| Principal Place of Business<br><b>333 SOUTH ATLANTIC AVENUE<br/>DAYTONA BEACH, FL 32118</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                               |                                                        | Mailing Address<br><b>333 SOUTH ATLANTIC AVENUE<br/>DAYTONA BEACH, FL 32118</b>                                                                                                                                     |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                        | <b>FILED</b><br><b>04 OCT 20 PM 3:41</b><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b><br>                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | City & State                                  |                                                        | 10192004 REIN-NP CR2E099 (6/04)                                                                                                                                                                                     |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Country                                       |                                                        | 4. FEI Number<br><b>59-1640708</b>                                                                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | Country                                       |                                                        | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SE MANGEMENT SERVICES INC<br/>3511 S PENINSOLA DR<br/>PORT ORANGEZ, FL 32127</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                               |                                                        | 7. Name and Address of New Registered Agent<br>Name<br><b>Ronald N. Johnson</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>326 South Grandview Avenue</b><br>City<br><b>Daytona Beach FL 32118</b> |  |
| 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  <span style="float: right;">10/19/04</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                               |                                                        |                                                                                                                                                                                                                     |  |
| <b>FILE NOW!!! FEE IS \$236.25</b><br><b>After January 1, 2005, Fee will be \$297.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                                               |                                                        | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>DIAZ, ANTHONY<br>2711 W. HALIFAX AVENUE<br>DAYTONA BEACH, FL 32118 | <input type="checkbox"/> Delete               |                                                        |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br>THOMAS, TROY<br>5348 HUNT RIDGE RD.<br>ROANOKE, VA 24012          | <input type="checkbox"/> Delete               |                                                        |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br>MILLER, JOY<br>122 HIGH STREET AVENUE<br>MARION CENTER, PA 15759   | <input type="checkbox"/> Delete               |                                                        |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>WATSON, BRUCE<br>5580 BOB WHITE TR.<br>MIMS, FL 32754               | <input type="checkbox"/> Delete               |                                                        |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>ANDERSON, VIOLA<br>P.O. BOX 1012<br>PENNY FARMS, FL 32079           | <input type="checkbox"/> Delete               |                                                        |                                                                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                          |                                               |                                                        |                                                                                                                                                                                                                     |  |
| 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 and 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:  <span style="float: right;">10/19/04 386-252-3697</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                               |                                                        |                                                                                                                                                                                                                     |  |

President