

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000003985

FILED
Jan 30, 2005
Secretary of State

Entity Name: THE SHORES AT VICTORIA ISLES ASSOCIATION, INC.

Current Principal Place of Business:

30423 ST RD 7
STE F-6 PMB 505
BOCA RATON, FL 33498

New Principal Place of Business:

1750 UNIVERSITY DRIVE
SUITE #205
CORAL SPRINGS, FL 33071

Current Mailing Address:

30423 ST RD 7
STE F-6 PMB 505
BOCA RATON, FL 33498

New Mailing Address:

1750 UNIVERSITY DRIVE
SUITE #205
CORAL SPRINGS, FL 33071

FEI Number: 65-1037185 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:

GESSTIN, JOSHUA
1515 N FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
#205
CORAL SPRINGS, FL 33071 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: NICOLE SWIFT

01/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: HABEL, JUDY
Address: 5757 NW 49TH LANE
City-St-Zip: COCONUT CREEK, FL 33073

Title: PD () Delete
Name: PHELPS, JAMES
Address: 4873 NW 59 CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS () Delete
Name: HARCARIK, CHRISTINE
Address: 4865 NW 58TH PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVP () Delete
Name: KLEINER, HARVEY
Address: 4845 NW 58TH PLACE
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: JAMES PHELPS

DP

01/30/2005

Electronic Signature of Signing Officer or Director

Date