## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20	NOT-FOR-PR REINST		FILED					
1. Entity Nati ROSEW	JMENT # N00100 me OOD CONDOMINIUM ASSO				2006 SE TAL	DEC 28 CRETARY LAHASSE	PM 4: 1 OF STA? E.FLOR	
9893 THREE LAKES CR BOCA RATON, FL 33428 US		Maiting Address TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DRIVE, SUITE #12 BOCA RATON, FL 33487						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			11112006 REI	N-NP CR2E	E099 (11/05)	
City & State		City & State			4. FEI Number 59-237796	3		oplied For of Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of St	-	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		*1	7. Name and Add	ress of New Registere		
1000 HOL SUITE 12				Street Address (P.O. Box Number is Not Acceptable) Suite 140				
8. The above	TON, FL 33487  a named entity submits this statement to tions of registered agent.	or the purpose of chang	ing its registere	City CX	A (Za Izn) stered agent, or both, in		Zip Code 334 m tamiliar with,	F) and accept
SIGNATURE	Signature, whether content name of registered agent		(NOTE: Registere	d Agent signature re	equired when reinstating)	12 /17 Make also	O 6	
After Ja	anuary 1, 2007, Fee will be \$297.					Florida Dep	artment of St	ate
TITLE NAME STREET ADDRESS CITY - ST-ZIP	P AAGE, HANSEN A 9973 THREE LAKES CIRCLE BOCA RATON, FL 33428	Delete	NAME STREE		they Sociased	ES TO OFFICERS AND	Change	Addition
ITLE NAME STREET ADDRESS SITY-ST-ZIP	VS SAVOV, MARTIN 9979 THREE LAKE CIR BOCA RATON, FL 33428	Delete	TITLE NAME STREE	Y		MOJ & 334 Lakes Ch	Change	Aadilion .
OTLE HAME CIRECT ADDRESS DTY ST-ZIP	T /5 DOWNING, ADRIANE 9863 THREE LAKES CIRCLE BOCA RATON, FL 33428	☐ Delete	NAME STREE		<u> </u>	000828: /0601010	□ Change 1335×	□ Adollies <b>d.</b> 288.25
TILE VAME JEELF ADDRESS SITE-ST ZIP	SB DIF. THEIN, WIN 9971 THREE LAKES CIRCLE BOCA RATON, FL 33428	Delete	NAME STREE	T AUDRESS ST-ZIP	oyes, Mic Three l	hael Lakes Cir Fl 3342	Dr.	Addition
ITLE PAME STREET ADDRESS CHY+ST-ZIP		☐ Delete	NAME STREE			11 9 9 9 10 1	☐ Change	Aodition
ITEE IAME STREET ADDRESS STY+ST-ZIP		☐ Delete	NAME STREE	T AODRESS S1-ZIP	4		☐ Change	Adeition
of the cor	certify that the information supplied wit on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, in	suprod to execute this	Conditing alginati	emptions conta ure shall have the ed by Chapter	ined in Chapter 119, Flo he same legal effect as if 617, Florida Statutes, and	rida Statutes. I further made under oath; that I that my name appear	certify that the ir I am an officer of s in Block 10 or	nformation or director Block 11 if