

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N02000003619 1. Entity Name 2080 OCEAN DRIVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2080 S. OCEAN DRIVE HALLANDALE BEACH, FL 33009 US		Mailing Address 2080 S OCEAN DRIVE SUITE 110 HALLANDALE BEACH, FL 33009	
2. Principal Place of Business 2080 S. Ocean Drive Suite, Apt. #, etc. Suite # 110		3. Mailing Address 2080 S. Ocean Drive Suite, Apt. #, etc. # 110	
City & State Hallandale Beach, FL Zip 33009 Country US		City & State Hallandale Beach, FL Zip 33009 Country US	
4. FEI Number 03-0442869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate or Status Desired <input type="checkbox"/>		- \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZER & ASSOCIATES, P.A. 1920 EAST HALLANDALE BEACH BLVD., #806 HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Judy K. Drago</u> <small>Signature (Typed or printed name of registered agent and title, if applicable)</small>		<u>Judy K. Drago</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE <u>10/18/06</u> <small>DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME NEGRON, IVAN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2080 S OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE P NAME George Adolf <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2069 S. Ocean DR. TH-15 CITY-ST-ZIP Hallandale, FL 33009		
TITLE T NAME OZTURK, HAKAN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2080 S OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE T NAME Sergey Landesman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2080 S. Ocean DR. #209 CITY-ST-ZIP Hallandale, FL 33009		
TITLE SD NAME MCGARVEY, STEVE <input checked="" type="checkbox"/> Delete STREET ADDRESS 2080 OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE SD NAME Hovel Yekmalian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2080 S. Ocean DR. # 703 CITY-ST-ZIP Hallandale, FL 33009		
TITLE VP NAME IOANNOU, JOHN <input checked="" type="checkbox"/> Delete STREET ADDRESS 2080 S OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE VP NAME Gisella Tillman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2080 S. Ocean DR. #1811 CITY-ST-ZIP Hallandale, FL 33009		
TITLE D NAME ROTHCHILD, BARRY <input checked="" type="checkbox"/> Delete STREET ADDRESS 20 S OCEAN DRIVE CITY-ST-ZIP HALLANDALE, FL 33009	TITLE P NAME Martin Perdeck <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2080 S. Ocean DR. #1910 CITY-ST-ZIP Hallandale, FL 33009		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 700081156477 10/24/06--01013--018 **70.00		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>X G. Adolf</u> GEORGE ADOLF, PRESIDENT		DATE <u>10/18/06</u> DAYTIME PHONE # <u>954-455-1858</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE DAYTIME PHONE #</small>	