


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009334 1. Entity Name VIA PALMA DELRAY CONDOMINIUM ASSOCIATION, INC.	
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06 JUL 25 10:04

Principal Place of Business 1937 E ATLANTIC BLVD - STE 9 FT LAUDERDALE, FL 33360	Mailing Address 1937 E ATLANTIC BLVD - STE 9 FT LAUDERDALE, FL 33360
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2. Principal Place of Business 2101 N. ANDREWS AVE	3. Mailing Address Suite, Apt. #, etc. 107	City & State WILTON MANORS FL
Zip 33311	Country USA	City & State Zip Country

07192006 REIN-NP CR2E099 (11/05) **05-06**

4. FEI Number 20-2168166	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEESON, JAMES M JR 1937 E ATLANTIC BLVD - STE 9 FT LAUDERDALE, FL 33360	7. Name and Address of New Registered Agent Name SUSAN HALPIN Street Address (P.O. Box Number is Not Acceptable) 2101 N. ANDREWS AVE #107 City WILTON MANORS FL Zip Code 33311
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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 *Susan Halpin* 7/24/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRIERI, FRANK 14340 ARLINGTON PLACE DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600078271516 08/02/06--01033--018 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEESON, JAMES M JR 7099 E TROPICAL WAY PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIRAVO, ANTHONY 14300 ARLINGTON PLACE DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRIERI, DANIEL 1220 DANBURY AVE DAVIE, FL 33325	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T SECRETARY/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUE HALPIN 2101 N. ANDREWS AVE #107 WILTON MANORS, FL 33311
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

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.

X SIGNATURE *Susan Halpin*