2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N0400009334 1. Entity Name VIA PALMA DELRAY CONDOMINIUM ASSOCIATION, INC									
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1937 E ATLANTIC BLVD - STE 9			Mailing Address 1937 E ATLANTIC BLVD - STE 9 FT LAUDERDALE, FL 33360						A
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2. Principal Place of Business 2101 N. ANDREWS Ave									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07192006	REIN NP	CR2	 E099 (11/05) (05-06
City & State WILTON MANORS FL		City & State			4. FEI Numbe	21681	66		plied For- t Applicable
Zip 33311 Country USA		Zip Cox		untry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						Address of New R	logisten	ed Agent	
BEESON, JAMES M JR				Name	Susan H	ALPIN			
1937 E ATLANTIC BLVD - STE 9 FT LAUDERDALE, FL 33360				Street Address (P.O. Box Number is Not Acceptable) 2101 N. HNDREWS HIE #107					
				City	ILTON MA	ANORS	F	L Zip Cod	33//
	named entity submits this statement for ions of registered agent.	the purpose of changing its i	egister	ed office or	registered agent, or bo	th, in the State of Fi	orlda. I	am familiar with,	and accept
ure oongan	ions of registered agent.	,/,)]	
	// x							1-11-	~ /
SIGNATURE	Stonature, typed or printed name of registrated agent a	nd title if applicable. (NOTE	: Register	red Agent signs	ture required when reinstating)		7/	124/20	06
SIGNATURE	Signature, typed or printed name of registered agent a						,6A	TÉ /	
	Signature, lyped or printed name of registered agent at LE NOW!!! FEE IS \$122.50	In accordan	e with	s. 607.19	Sure required when reinstatings 3(2)(b), F.S., the ne prior notice.	N	/ba lake ch	24/20 neck payable to partment of Si	<u> </u>
		In accordance corporation	e with	s. 607.19 receive th	3(2)(b), F.S., the e prior notice.	N	take ch	neck payable to	o aate
10.	LE NOWIII FEE IS \$122.50 OFFICERS AND DIR	In accordant corporation	ce with did not	s. 607,19 receive th	3(2)(b), F.S., the e prior notice.	N Flor	take ch	neck payable to	o aate
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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

Turan Hazar

Michael H. H. C. 1 1866