

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000010638

FILED
May 22, 2006
Secretary of State

Entity Name: MARSH HARBOUR 4 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2121 PONCE SE LEON BLVD
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE SE LEON BLVD
PH
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE SE LEON BLVD
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE SE LEON BLVD
PH
CORAL GABLES, FL 33134

FEI Number: 20-4506825 **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:

REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SE SECOND ST 29TH FL
MIAMI, FL 331312130 US

Name and Address of New Registered Agent:

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: CHARLES J. RENNERT, VICE PRESIDENT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARR, JOHN
Address: 2121 PONCE SE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: ACCIME, ERIC
Address: 2121 PONCE SE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: STD () Delete
Name: WHITE, ELIZABETH
Address: 2121 PONCE SE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARR, JOHN
Address: 2121 PONCE SE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: ADAMS, BRUCE
Address: 2121 PONCE SE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: WHITE, ELIZABETH
Address: 2121 PONCE SE LEON BLVD, PH
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BRUCE ADAMS

Electronic Signature of Signing Officer or Director

V

05/22/2006

Date