

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**  
**Dec 19, 2006**  
**Secretary of State**

DOCUMENT# N04000012135

**Entity Name:** MARSH HARBOUR MAINTENANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**FEI Number:**                      **FEI Number Applied For (X)**                      **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:**

**Name and Address of New Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 S.E. SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 US

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:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: ADAMS, BRUCE  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD                      ( ) Delete  
Name: SHANNON, KARR  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD                      ( ) Delete  
Name: GREENBERG, KIM  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

P

12/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date