


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT-# N05000003230 1. Entity Name NAPOLI GARDENS AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.						08 NOV 24 PM 4: 27 CORPORATION OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1001 CORAL SPRINGS CORAL SPRINGS, FL 33071		Mailing Address 4800 N STASTE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4800 N State Road 7					
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 105					
City & State		City & State Lauderdale Lakes FL					
Zip		Country		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
33319		USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROUSH, CHADROW & LEVINE, P.A. 1900 NORTH COMMERCE PARKWAY WESTON, FL 33326				7. Name and Address of New Registered Agent Name Phoenix Management Street Address (P.O. Box Number is Not Acceptable) 4800 N State Road 7 Lauderdale Lakes Suite 105 City Lauderdale Lakes FL Zip Code 33319			
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 <i>Sheldon Goldberg</i>		Signature, typed or printed name of registered agent and title if applicable.		<i>Sheldon Goldberg</i>		DATE 10/23/08	
FILE NOW!!! FEE IS \$81.25 After January 1, 2009, Fee will be \$122.60		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 President		NAME Lashawn Legair		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr		CITY-ST-ZIP Coral Springs FL 33071		500138239483 11/24/08--01061--013 **61.25			
TITLE Secretary		NAME Sharon James		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr		CITY-ST-ZIP Coral Springs FL 33071		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE Vice President		NAME Stephany R. Swire		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr.		CITY-ST-ZIP Coral Springs FL 33071		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE Treasurer		NAME Raul Gomez		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr.		CITY-ST-ZIP Coral Springs FL 33071		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE Director		NAME Steven Cohen		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr.		CITY-ST-ZIP Coral Springs FL 33071		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE Director		NAME Steven Cohen		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1001 Coral Springs Dr.		CITY-ST-ZIP Coral Springs FL 33071		<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.							
SIGNATURE: <i>Sharon Legair</i>		Signature, typed or printed name of signing officer or director		10/23/08		Date	
president		(754) 423-1841		Daytime Phone #			

11/2/08