

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006907

FILED  
Nov 15, 2007  
Secretary of State

**Entity Name:** VICTORIA PARK BREEZES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

370 MINOREA AVE SUITE 1  
CORAL GABLES, FL 331344311

**New Principal Place of Business:**

10958 NW 62 TERRACE  
DORAL, FL 33178

**Current Mailing Address:**

370 MINOREA AVE SUITE 1  
CORAL GABLES, FL 331344311

**New Mailing Address:**

10958 NW 62 TERRACE  
DORAL, FL 33178

**FEI Number:** 20-3122802      **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:**

THOMSON, JOHN M  
370 MINOREA AVE SUITE 1  
CORAL GABLES, FL 331344311 US

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

THOMSON, JOHN M  
3081 SALZEDO STREET  
305  
CORAL GABLES, FL 33134 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: JOHN M. THOMSON

11/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ANGLADE, CARLOS  
Address: 10958 NW 62ND TERR  
City-St-Zip: DORAL, FL 33178

Title: DST ( ) Delete  
Name: ANGLADE, CARLOTA  
Address: 10958 NW 62ND TERR  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: THOMSON, JOHN M  
Address: 370 MINOREA AVE SUITE 1  
City-St-Zip: CORAL GABLES, FL 331344311

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

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

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

Title: D (X) Change ( ) Addition  
Name: THOMSON, JOHN M  
Address: 3081 SALZEDO STREET SUITE 305  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS ANGLADE

DP

11/15/2007

Electronic Signature of Signing Officer or Director

Date