


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N05000011314**

1. Entity Name  
**AVANTI CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**ONE NORTH CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401**

Mailing Address  
**5456 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.


3. Mailing Address  
**5455 A1A South**  
Suite, Apt. #, etc.

City & State  
**St Augustine FL**

Zip  
**32080**

Country

FILED  
2008 FEB 21 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

01312008 REIN-ND CRED99/1007

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES**  
~~5455 121A SOUTH~~  
**SAINT AUGUSTINE, FL 32080**

4. FEI Number  
**20-3852234**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**5455 A1A South**

City **St Augustine** FL Zip Code **32080**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**      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 PD	MARTINEZ, MAGGIE <input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONE NORTH CLEMATIS STREET #200	NAME	Robert Conrad
STREET ADDRESS	WEST PALM BEACH, FL 33401	STREET ADDRESS	3591 South Kernan Blvd #416
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville FL 32224
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKERMAN, ARTHUR	NAME	Michael Browning
STREET ADDRESS	ONE NORTH CLEMATIS STREET #200	STREET ADDRESS	3591 South Kernan Blvd #105
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Jacksonville FL 32224
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PORTUONDO, AURELIO	NAME	Janet Miller
STREET ADDRESS	ONE NORTH CLEMATIS STREET #200	STREET ADDRESS	3591 S. Kernan Blvd # 877
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Robert Conrad      2/13/2008      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #