

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000006385

FILED
Sep 30, 2008
Secretary of State

Entity Name: LINDA VISTA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 DIANA DRIVE
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

2100 DIANA DRIVE
HALLANDALE, FL 33009

New Mailing Address:

714 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33019

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:

ASMUS, BARRY K CPA
C/O BARRY K. ASMUS, C.P.A., P.A.
515 NE 101 STREET
MIAMI SHORES, FL 33138 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: BARRY K. ASMUS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MILLER, NANCY
Address: 714 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33019

Title: DS () Delete
Name: STOLZENBERG, MARC
Address: 2754 OAKBROOK DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: DT (X) Delete
Name: STOLZENBERG, GLENN
Address: 3917 OSPREY COURT
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: STOLZENBERG, GLENN
Address: 3917 OSPREY COURT
City-St-Zip: WESTON, FL 33331

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

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: BARRY K. ASMUS

RA

09/30/2008

Electronic Signature of Signing Officer or Director

Date