

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 19, 2007
Secretary of State**

DOCUMENT# N06000012487

Entity Name: VILLAS DEL PARAISO CONDOMINIUM NO. ONE ASSOCIATION, INC.

Current Principal Place of Business:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 331343323

New Principal Place of Business:

Current Mailing Address:

1200 PONCE DE LEON BLVD
CORAL GABLES, FL 331343323

New Mailing Address:

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:

RAULIN, KURT A
1200 PONCE DE LEON BLVD
CORAL GABLES, FL 331343323 US

Name and Address of New Registered Agent:

GUARCH, JR., J M
255 UNIVERSITY DRIVE
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: J M GUARCH, JR.

10/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALACIOS, GERARDO
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

Title: D () Delete
Name: BODE, ODALYS
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

Title: D () Delete
Name: EMAMDEE, CAROLYN
Address: 1200 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 331343323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ODALYS BODE

D

10/19/2007

Electronic Signature of Signing Officer or Director

Date