

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Dec 12, 2007  
Secretary of State

DOCUMENT# N06000012546

Entity Name: Q CLUB RESORT AND RESIDENCES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

505 NORTH FORT LAUDERDALE BEACH BOULEVARD  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

505 N. FORT LAUDERDALE BEACH BLVD.  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

505 NORTH FORT LAUDERDALE BEACH BOULEVARD  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

505 N. FORT LAUDERDALE BEACH BLVD.  
FORT LAUDERDALE, FL 33304

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

CABANAS, JOSE E  
% CABANAS & ASSOCIATES, P.A.  
10520 N.W. 26TH STREET, SUITE C-201  
MIAMI, FL 33172 US

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

CABANAS, JOSE E  
CABANAS & ASSOCIATES, P.A.  
10520 N.W. 26TH STREET, SUITE C-201  
MIAMI, FL 33172 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: JOSE E. CABANAS

12/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CABANAS, JOSE E  
Address: 10520 N.W. 26TH ST, SUITE C-201  
City-St-Zip: MIAMI, FL 33172

Title: VPD ( ) Delete  
Name: PAGLIERY, SERGIO A  
Address: 8788 S.W. 8TH STREET  
City-St-Zip: MIAMI, FL 33174

Title: ST ( ) Delete  
Name: CABANAS, EDWARD E  
Address: 10520 N.W. 26TH STREET, SUITE C-201  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: CABANAS, JOSEPH F  
Address: 10520 N.W. 26TH STREET, SUITE C-201  
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete  
Name: CABANAS, MARIA C  
Address: 10520 N.W. 26TH STREET, SUITE C-201  
City-St-Zip: MIAMI, FL 33172

**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:

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: JOSE E. CABANAS

P

12/12/2007

Electronic Signature of Signing Officer or Director

Date