

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2008
Secretary of State

DOCUMENT# N43591

Entity Name: ISLAMORADA AT CORAL BAY VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

W BUENA VISTA DRIVE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

4801 S UNIVERSITY DRIVE
132
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 65-0404359 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:

NEW COMMUNITY STRATEGIES
4801 S. UNIVERSITY DRIVE
SUITE 132
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

BAKALAR & EICHNER, P.A.
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324-266 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: MICHAEL BAKALAR

10/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: MACCA, JAMES
Address: 3243 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: GORDON, MICHAEL
Address: 3090 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: SPAVENTO, ANTONIO
Address: 3194 W. BUENA VISTA DR.
City-St-Zip: MARGATE, FL 33063

Title: D (X) Delete
Name: ROBISON, CHRISTOPHER
Address: 3187 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

Title: T () Delete
Name: DEGENNARO, DEBORAH
Address: 3147 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: GORDON, MICHAEL
Address: 3090 W BUENA VISTA DR
City-St-Zip: MARGATE, FL 33063

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: ANTONIO SPAVENTO

S

10/28/2008

Electronic Signature of Signing Officer or Director

Date