2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 JUL 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003460

1. Entity Name
WATERFORD AT BLUE LAGOON EAST PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5200 BLUE LAGOON DR #430 MIAMI, FL 33126	5200 BLUE LAGOON DR #430 MIAMI, FL 33126

11062006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-0850831
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, E. DAVID 5200 BLUE LAGOON DR #430 MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 E. David Marshall (Correction) E. David Marshall January 22, 2007 ~~November 10, 2006~~
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $236.25
After January 1, 2007, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ~~MARSHALL, E. DAVID~~ ~~5200 BLUE LAGOON DR #430~~ ~~MIAMI, FL 33126~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONTRERAS, MARIA E. 701 NW 62nd Ave, SUITE 400 MIAMI, FL 33126 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAIRO, FRANCES L 730 THIRD AVENUE NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300082101373 11/28/06--01034--018 **236.25 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~SCOTT, JOHN K~~ ~~701 NW 62ND AVE., SUITE 400~~ ~~MIAMI, FL 33126~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILLER, TERRY L. 701 NW 62nd Ave, Suite 400 MIAMI, FL 33126 — ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP (Correction) E. DAVID MARSHALL 5200 Blue Lagoon Drive, Suite 430 MIAMI, FL 33126-7001 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300082101373 08/01/07--01040--020 **70.00 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07-25-07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 empty spaces.

SIGNATURE: E. David Marshall, President (Correction) January 22, 2007 ~~November 10, 2006~~ 305-267-0465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #