

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000006825

FILED
Jan 06, 2009
Secretary of State

Entity Name: EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0883717 **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:

Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156 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: CADICORP MANAGEMENT GROUP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HISHAM, ABOULHOSN
Address: 1337 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: D () Delete
Name: FUSCO, SANDRO
Address: 1337 EUCLID AVE.
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: DT () Delete
Name: COSGROVE, ANGUS
Address: 1337 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: DS () Delete
Name: MEJIA, CARLOS
Address: 1337 EUCLID AVE # 204
City-St-Zip: MIAMI BEACH, FL 33139

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: HISHAM ABOULHOSN

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date