Entity Name	EXCELLENTE VILLAGE CONDOMINIUM AS	SOCIATION,		cretary of State R6230567114
Current Prin	cipal Place of Business:			///////////////
2950 JOG RD.	FL 00407			
GREENACRES	, FL 33467			
Current Mai	ling Address:			
2950 JOG R	D.			
GREENACR	ES, FL 33467 US			
FEI Number: 65-0384326 Certificate of Status De			tus Desired: No	
Name and Address of Current Registered Agent:				
	CORPORATE SERVICES, LLC			
6111 BROKEN SUITE 200 BOCA RATON,	SOUND PARKWAY NW FL 33487 US			
SUITE 200 BOCA RATON,		tered office or regis	tered agent, or both, in the	State of Florida.
SUITE 200 BOCA RATON, The above named	FL 33487 US	tered office or regis	tered agent, or both, in the	State of Florida. 11/13/2015
SUITE 200 BOCA RATON, The above named	FL 33487 US entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the	
SUITE 200 BOCA RATON, The above named	FL 33487 US dentity submits this statement for the purpose of changing its registered ELOUIS CAPLAN Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the	11/13/2015
SUITE 200 BOCA RATON, The above named SIGNATURE	FL 33487 US dentity submits this statement for the purpose of changing its registered ELOUIS CAPLAN Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the	11/13/2015
SUITE 200 BOCA RATON, The above named SIGNATURE	FL 33487 US   entity submits this statement for the purpose of changing its register   E   LOUIS CAPLAN   Electronic Signature of Registered Agent   Ctor Detail :			11/13/2015
SUITE 200 BOCA RATON, The above named SIGNATURE Officer/Dired Title	FL 33487 US   I entity submits this statement for the purpose of changing its register   Electronic Signature of Registered Agent   Ctor Detail :   PD	Title	TD	11/13/2015 Date
SUITE 200 BOCA RATON, The above named SIGNATURE Officer/Dired Title Name	FL 33487 US Hentity submits this statement for the purpose of changing its register ELOUIS CAPLAN Electronic Signature of Registered Agent Ctor Detail : PD ALLEN, MALVIN 5099 SPLENDIDO COURT, #O	Title Name	TD SOBEL, ARNOLD	11/13/2015 Date
SUITE 200 BOCA RATON, The above named SIGNATURE Officer/Dired Title Name Address	FL 33487 US Hentity submits this statement for the purpose of changing its register ELOUIS CAPLAN Electronic Signature of Registered Agent Ctor Detail : PD ALLEN, MALVIN 5099 SPLENDIDO COURT, #O	Title Name Address	TD SOBEL, ARNOLD 5147 EUROPA DRIVE	11/13/2015 Date
SUITE 200 BOCA RATON, The above named SIGNATURE Officer/Dired Title Name Address City-State-Zip:	FL 33487 US Hentity submits this statement for the purpose of changing its registers ELOUIS CAPLAN Electronic Signature of Registered Agent Ctor Detail : PD ALLEN, MALVIN 5099 SPLENDIDO COURT, #O BOYNTON BEACH FL 33437	Title Name Address City-State-Zip:	TD SOBEL, ARNOLD 5147 EUROPA DRIVE BOYNTON BEACH F	11/13/2015 Date

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N9300000922

Title VD Name BUNSON, JOSEPH Address 5091 SPLENDIDO COURT, #O City-State-Zip: BOYNTON BEACH FL 33437

City-State-Zip: BOYNTON BEACH FL 33437

I hereby 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 all other like empowered.

## SIGNATURE: ARNOLD SOBEL

TREASURER

City-State-Zip: BOYNTON BEACH FL 33467

## 11/13/2015

FILED Nov 13, 2015

Electronic Signature of Signing Officer/Director Detail