

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 25 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03192008 REIN-NP CR2E099 (1/07)

[Handwritten Signature]

DOCUMENT # 706397 1. Entity Name TOWN COLONY CONDOMINIUM CORPORATION, INC.			
Principal Place of Business TOWN COLONY CONDOMINIUM ASSOCIATION 2916 FUNSTON ST. HOLLYWOOD, FL 33020		Mailing Address 913 NW 31 AVENUE POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box # 2918 Funston St. Club House		3. Mailing Address 2918 Funston St. Club House	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33020		Zip 33020	
Country USA		Country USA	
4. FEI Number 59-1708878		Applied Fee Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HORIZON PROPERTY MANAGEMENT SOLUTIONS, INC 913 NW 31ST AVENUE POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Eduardo Valladares Street Address (P.O. Box Number is Not Acceptable) 1208 N STATE RD 7 City Hollywood FL Zip Code 33024	
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 <i>Eduardo Valladares</i> Signature, typed or printed name of registered agent and title if applicable.		Eduardo Valladares (NOTE: Registered Agent signature required when reinstating)	
DATE 3/19/08		DATE	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State		500121255275 03/25/08--01055--008 **122.50	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME P GLIDDON, BRENDA STREET ADDRESS 2918 FUNSTON ST #34 CITY-ST-ZIP HOLLYWOOD, FL 33020 <i>None of Emms</i>	<input checked="" type="checkbox"/> Delete	TITLE NAME Vice Pres - 2915 Plunkett St. HOLLYWOOD FL 33020 Nancy Evans	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME VP PEREIRA, JUVENCIO STREET ADDRESS 2637 CLEVELAND STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 <i>Treasury</i>	<input type="checkbox"/> Delete	TITLE NAME Secretary - 2916 Funst. St. HOLLYWOOD FL 33020 Debra Byron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D JOHNSON, DIANE STREET ADDRESS 2918 FUNSTON ST A-46 CITY-ST-ZIP HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD BAER, MARTIN STREET ADDRESS 2448 TAYLOR STREET CITY-ST-ZIP HOLLYWOOD, FL 33020 <i>Board member</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D MONTGOMERY, PATRICIA STREET ADDRESS 2916 FUNSTON ST #56 CITY-ST-ZIP HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SD LATTREY, ROSA STREET ADDRESS 2916 FUNSTON ST #51 CITY-ST-ZIP HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.			
SIGNATURE: <i>Rosa Lattrey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Rosa Lattrey Date 3/19/08 Daytime Phone # (954) 925-6960	

REINSTATEMENT
07-08