

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 716285

1. Entity Name
THE VILLAGE BY THE SEA CONDOMINIUM
APARTMENTS INC.



Principal Place of Business
C/O PRO PROPERTY MGMT INC
2176 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

Mailing Address
C/O PRO PROPERTY MGMT INC
2176 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311 US

2. Principal Place of Business
1967 S. OCEAN BLVD
Suite, Apt. #, etc.
LAUDERDALE BY THE
SEA, FL

3. Mailing Address
P.O. BOX 668367
Suite, Apt. #, etc.

City & State
SEA, FL

City & State
POMPANO BEACH, FL

Zip
33062

Country

Zip
33066

Country

04252006 REIN-NP CR2E099 (11/05) 05-06

4. FEI Number
59-1145419

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRO PROPERTY MGMT
2176 W OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name
STEVENS & GOLDWYN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3800 SOUTH OCEAN DRIVE
SUITE #222
City
HOLLYWOOD, FL Zip Code
33019

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

John Stevens, As Vice-President of Stevens & Goldwyn, PA 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHINN, PHYLLIS	
STREET ADDRESS	1967 S OCEAN BLVD #311-C	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLF, AMY	
STREET ADDRESS	1967 S.OCEAN BLVD. #D422	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, SALLY	
STREET ADDRESS	1967 S.OCEAN BLVD. , #C312	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOUTHARD, SHERRY	
STREET ADDRESS	1967 S.OCEAN BLVD., C-414	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SIMON, ZOLTAN	
STREET ADDRESS	1967 S.OCEAN BLVD., C-213	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, AMY	
STREET ADDRESS	1967 S. OCEAN BLVD, #422-D	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAILING, ANN	
STREET ADDRESS	1967 S. OCEAN BLVD, #319-C	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIHLSTEIN, RUBIN	
STREET ADDRESS	1967 S. OCEAN BLVD, #326-D	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY, DIANE	
STREET ADDRESS	1967 S. OCEAN BLVD, #311-C	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEDERICK, DOROTHY	
STREET ADDRESS	1967 S. OCEAN BLVD, #321-D	
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800075381038	
STREET ADDRESS	05/26/06--01055--002 **122.50	
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06

Date

954-788-0066

Daytime Phone #