2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#717512

FILED Oct 21, 2004 Secretary of State

Entity Name: LAUDERDALE LAKES VILLAS CONDOMINIUM ASSOCIATION, INC.

Current F	Principal Place of Business:	New Principal Pla	ace of Business:
	7. 43RD AVENUE DALE LAKES, FL 33319 US		
Current N	Mailing Address:	New Mailing Add	ress:
	. 39TH STREET DALE LAKES, FL 33319		
	nce with s. 607.193(2)(b), F.S., the co	rporation did not receive the prior notice.	,
Name and	d Address of Current Register	ed Agent. Name and Addres	ss of New Registered Agent:
	, ROY : 39TH STREET DALE LAKES, FL 33319 US		
The above	named entity submits this state	ement for the purpose of changing its regist	torod office or registered agent, or both
	e of Florida.	sment for the purpose of changing its regist	tered office of registered agent, or both,
in the Stat	e of Florida.	sment for the purpose of changing its regis	tered office of registered agent, of both,
n the Stat	e of Florida.		Date
in the Stat SIGNATU	e of Florida. RE:	Registered Agent	Date
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of F	Registered Agent ADDITIONS/CHA Title: Name: Address:	Date
n the Stat SIGNATU OFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	RE: Electronic Signature of F S AND DIRECTORS: PD () Delete CONNER, SIMPSON 3530 N.W. 43RD AVENUE, APT. #2	Registered Agent ADDITIONS/CHA Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTORS
in the Stat SIGNATU	RE: Electronic Signature of F S AND DIRECTORS: PD () Delete CONNER, SIMPSON 3530 N.W. 43RD AVENUE, APT. #2 LAUDERDALE LAKES, FL 33319 U VD () Delete MOOK, ARCHIBALD LEE 3220 N.W. 43RD AVENUE	Registered Agent ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	Date NGES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SIMPSON CONNER PD 10/21/2004