

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

2007 OCT 17 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10082007 REIN-NP CR2E099 (1/07)

DOCUMENT # 728391			
1. Entity Name VILLAGE TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business <del>7445</del> RPB BLVD ROYAL PALM BCH, FL 33411	
Mailing Address <del>7445</del> RPB BLVD 945 ROYAL PALM BEACH BLVD ROYAL PALM BCH, FL 33411 US			
2. Principal Place of Business - No P.O. Box # attn: Mimi Struble 945 Royal Palm Beach City & State Royal Palm Beach FL Zip 33411		3. Mailing Address same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-1536612		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRUBLE, MIMI <del>445</del> ROYAL PALM BEACH BLVD 945 ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Mimi Struble</u> DATE <u>10-7-07</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRUBLE, MIMI 945 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marilyn Nicoletta 947 Royal Palm Beach Royal Palm Beach FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, APRIL 106 COLONY DR ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Nancy Toussaint 949 Royal Palm Beach Royal Palm Beach FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONFONTE, MARYANN 100 COLONY DRIVE WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member George Lebus 108 Colony Dr. Royal Palm Beach FL 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>XXXXXXXXXXXXXXXXXXXX</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110872431 10/17/07--01008--015 **175.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9/20/07 01031 015 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Mimi Struble</u>		Date <u>10-7-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

10/18/07