


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -3 PM 1:34

DOCUMENT # 728877 1. Entity Name PALM BEACH WHITE HOUSE ASSOCIATION NO. 4, INC.	
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Principal Place of Business 2560 S. OCEAN DRIVE PALM BEACH, FL 33480	Mailing Address 3675 SW 24TH STREET MIAMI, FL 33145
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**REINSTATEMENT** 04-05

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7500 Old Georgetown Road Suite, Apt. #, etc. Suite 750
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09272005 REIN-NP CR2E099 (6/04)

City & State Zip	City & State Bethesda, MD Zip 20814	Country US
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4. FEI Number 59-1160731	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAUTS, KARL M 3675 SW 24TH STREET MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Wilton L. White, Esq. Street Address (P.O. Box Number is Not Acceptable) 625 North Flagler Drive 9th Floor City West Palm Beach FL Zip Code 33401
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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 Wilton L. White (NOTE: Registered Agent signature required when reinstating) DATE 9/30/05

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNPHY, JOAN S 34 CHURCH STREET C/O NEW HORIZON LIBERTY CORNER, NJ 07938 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Phillip C. Pitney c/o Fairfield Residential 7500 Old Georgetown Road, Suite 750 Bethesda, MD 20814 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINHARDT, RAPHAEL 2121 NE 190 TERR N MIAMI BEACH, FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V Gino Barra c/o Fairfield Residential 5510 Morehouse Drive, Suite 200 San Diego, CA 92121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACHS, KARL 3675 S.W. 24 ST. MIAMI, FL 33145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Gregory Pinkalla c/o Fairfield Residential 5110 Morehouse Drive, Suite 200 San Diego, CA 92121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 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 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: Phillip C. Pitney DATE 9/29/05 301-928-9801

Phillip C. Pitney, Director



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 630074 6099A

AUTHORIZATION : *Patricia Pizzuto*

COST LIMIT : \$ 306.25

ORDER DATE : October 3, 2005

ORDER TIME : 9:54 AM

ORDER NO. : 630074-005

CUSTOMER NO: 6099A

DOMESTIC FILINGS

NAME: PALM BEACH WHITE HOUSE  
ASSOCIATION NO. 4, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 OCT -3 AM 10:57  
DIVISION OF CORPORATION