2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# 739783

Entity Name: LA CANADIENNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3545 NE 167 STREET
N. MIAMI BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

3545 NE 167 STREET
405
N. MIAMI BEACH, FL 33160 US

New Mailing Address:

FEI Number: 59-1936589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VASSERSTEIN, DALINA
3545 NE 167 ST 405
NORTH MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DALINA VASSERSTEIN
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VIDAL, MANOLO
Address: 3545 NE 167TH ST, APT 403
City-St-Zip: N MIAMI BEACH, FL 33160

Title: VP ( ) Delete
Name: GONZALEZ, EDUARDO
Address: 3545 NE 167TH STREET #206
City-St-Zip: N MIAMI BEACH, FL 33160

Title: TS ( ) Delete
Name: ALBORNOZ, JUANITA
Address: 3545 NE 167 ST #508
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: CASTELLANO, CAYETANO
Address: 3545 NE 167 STREET #408
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: D ( ) Delete
Name: VANACE, SCOTT
Address: 3545 NE 167TH ST #505
City-St-Zip: N MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: CASTELLANO, CAYETANO
Address: 3545 NE 167 ST #408
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: S (X) Change ( ) Addition
Name: ALBORNOZ, JUANITA
Address: 3545 NE 167 STREET #508
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUANITA ALBORNOZ S 11/04/2009
Electronic Signature of Signing Officer or Director — Date