

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 741368

FILED
Oct 10, 2006
Secretary of State

Entity Name: THE KETTLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3148 MARY ST.
APT 1
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

3154 MARY ST.
COCONUT GROVE, FL 33133 US

Current Mailing Address:

3148 MARY ST.
APT 1
COCONUT GROVE, FL 33133 US

New Mailing Address:

3154 MARY ST.
COCONUT GROVE, FL 33133 US

FEI Number: 59-1788864 **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:

HARRISON, REGINALD W
3148 MARY ST.
APT 1
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

CARRICK, BRUCE A
3154 MARY ST.
COCONUT GROVE, FL 33133 US

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: BRUCE A CARRICK

10/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: DARMENDRAIL, MARIE BLANCHE
Address: 3152 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: PD () Delete
Name: CARRICK, BRUCE
Address: 3154 MARY STREET
City-St-Zip: MIAMI, FL 33133 US

Title: D () Delete
Name: GUSMAN, BRUCE
Address: 3150 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: TD () Delete
Name: HARRISON, REGINALD W
Address: 3148 MARY STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE A CARRICK

PD

10/10/2006

Electronic Signature of Signing Officer or Director

Date