

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 747939

FILED
Oct 27, 2006
Secretary of State

Entity Name: VALLHALA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TURNKEY PROPERTY MGMT
3011 EXCHANGE CT STE 100
WEST PALM BEACH, FL 33409

New Principal Place of Business:

PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HWY. #212
BOCA RATON, FL 33431

Current Mailing Address:

TURNKEY PROPERTY MGMT
3011 EXCHANGE CT STE 100
WEST PALM BEACH, FL 33409

New Mailing Address:

PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HWY. #212
BOCA RATON, FL 33431

FEI Number: 59-2640508 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:

PRELAK, LYNDA
22415 SW 61 WAY
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HWY.
212
BOCA RATON, FL 33431 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: LENNIE PLAZURE

10/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRELAK, LYNDA
Address: 22415 SW 61ST WAY A 206
City-St-Zip: BOCA RATON, FL

Title: S () Delete
Name: ROLLIN, ANDREA
Address: 22415 SW 61ST WAY #A-204
City-St-Zip: BOCA RATON, FL

Title: T () Delete
Name: KILLEN, ROBERT
Address: 22465 SW 61ST WAY D 147
City-St-Zip: BOCA RATON, FL

Title: VD (X) Delete
Name: KAKD, ESROROW
Address: 22465 SW 61 WAY D247
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change () Addition
Name: KILLEN, ROBERT
Address: 22465 SW 61ST WAY #D147
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change () Addition
Name: CRADDOCK, LINDA
Address: 22485 SW 61ST WAY C133
City-St-Zip: BOCA RATON, FL 33428

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: LYNDA PRELAK

P

10/27/2006

Electronic Signature of Signing Officer or Director

Date