



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 748504 1. Entity Name SOUTHDALDE CONDOMINIUM ASSOCIATION, INC.				FILED 05 OCT -3 AM 11:05 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 1100 NE 9TH AVE FT. LAUDERDALE, FL 33304 US		Mailing Address 2787 E OAKLAND PK. BLVD. #309 FORT LAUDERDALE, FL 33306 US			
2. Principal Place of Business 8360 W Oakland Pk Blvd Suite, Apt. #, etc. 301		3. Mailing Address PO Box 452199 Suite, Apt. #, etc.			
City & State Sunrise, FL 33351		City & State Sunrise, FL 33345-2199		4. FEI Number 59-2055548	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAMMONDS, ERIC 2787 E OAKLAND PARK BLVD. #309 FORT LAUDERDALE, FL 33306			7. Name and Address of New Registered Agent Name Randall K Roger Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 St #300 City Boca Raton, FL Zip Code 33487		
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: <i>[Signature]</i> <u>Randall K. Roger, Pres of Randall K Roger Associates, P.A.</u> <u>9-28-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, 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 GAISSER, MATT 1100 NE 9 AVE., #302 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Sean Hicks 1100 NE 9 Ave #307 Fort Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORNBERG, JOEL 2801 SOMERSET DR., #409 FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Jenna Seskin 1100 NE 9 Ave #305 North Lauderdale, FL 33304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, KATHY 1100 NE 9 AVE., #305 FORT LAUDERDALE, FL 33304 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060186386 10/03/05--01055--017 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIEMER, TOM 1100 NE 9 AVE., #106 FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Thomas Riemer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRNAKLIN, BRADEN 1650 TENNIS CLUB DR., #312 FORT LAUDERDALE, FL 33311 <input checked="" 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/24/05 954-572-5900 <small>Date Daytime Phone #</small>		