2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT/#749158 1. Entity Name ALMONT VILLAS CONDOMINIUM ASSOCIATION, INC. 05 APR -4 AM 9:41 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3000 N. OCEAN DR. **405 CYPRESS DRIVE** TEQUESTA, FL 33469 US 37F SINGER ISLAND, FL 33404 US 2. Principal Place of Business 3. Mailing Address 6331 POCKING HOPEE RD Suite, Apt. #, etc. Suite, Apt. #, etc 03302005 REIN-NP CR2E099 (6/04) City & State City & State 4. FEI Number 59-2283204 Applied For URITER Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRESTO, CARI PRESTO, CARL Street Address (P.O. Box Number is Not Acceptable) 3000 N OCEAN DR 37F SINGLE ISLAND, FL 33404 PSTIPUL 8. The above named entity submit pose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reg DARLH 30 2005 SIGNATURE Slon d agent and title if applicable Make check payable to In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$122.50 Florida Department of State corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 PD Change TITE F ☐ Delete IME Addition PRESTO, CARL PRESTO, CARL HORSE PD NAME NAME STREET ADDRESS 3000 N OCEAN DR 37F STREET ADDRESS CITY-ST-ZIP SINGER ISLAND, FL 33404 CITY-ST-ZIP JUPMER FL 33458 Delete IIILE **VPSD** TITLE VPSD ☐ Addition PRESTO, DENISE PRESTO, DENISE NAME NAME 6331 ROCKING HORSE STREET ADDRESS 3000 N OCEAN DR 37F STREET ADDRESS SINGER ISLAND, FL 33404 CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 TITLE 確ngok, Kim Delete TITLE Addition TRAPEANSO, CARLA NAME NAME 22 STIPLING LANE 1605 US HWY #1, SL 2H STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 700051201377 04/19/05--01037--014 **12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 free 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.

CICNIATIIDE:

3-30-05

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