

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 750723

FILED
Nov 19, 2007
Secretary of State

Entity Name: GLADES TURNPIKE ASSOCIATION, INC.

Current Principal Place of Business:

7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434

New Principal Place of Business:

7777 GLADES ROAD, SUITE 212
BOCA RATON, FL 33434

Current Mailing Address:

7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434

New Mailing Address:

3500 FLAMINGO DRIVE
MIAMI BEACH, FL 33140

FEI Number: 59-2073209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEURRING, DOUGLAS
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

KANOFF, MICHAEL
3500 FLAMINGO DRIVE
MIAMI BEACH, FL 33140 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: MICHAEL KANOFF

11/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: LOPEZ, KATHRYN A.,
Address: 7777 GLADES ROAD #310
City-St-Zip: BOCA RATON, FL

Title: DP () Delete
Name: SCHMIER, ROBERT J.,
Address: 7777 GLADES RD. #310
City-St-Zip: BOCA RATON, FL

Title: DV () Delete
Name: FEURRING, DOUGLAS R.,
Address: 7777 GLADES ROAD #310
City-St-Zip: BOCA RATON, FL

Title: D (X) Delete
Name: WIENER, ELLIOTT,
Address: 7777 GLADES ROAD #410
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: ABRAMS, LAWRENCE
Address: 3500 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DP (X) Change () Addition
Name: KANOFF, MICHAEL
Address: 3500 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV (X) Change () Addition
Name: KANOFF, SYLVIA
Address: 3500 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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: LAWRENCE ABRAMS

SEC

11/19/2007

Electronic Signature of Signing Officer or Director

Date