

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 09, 2006  
Secretary of State**

DOCUMENT# 752624

Entity Name: HIGHLANDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

450 NE 166 STREET UNIT C  
N. MIAMI BCH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

450 NE 166 STREET UNIT C  
N. MIAMI BCH, FL 33162

**New Mailing Address:**

FEI Number: 59-2026017      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARISTANY, ANGELICA  
450 N.E. 166 STREET, UNIT C  
NORTH MIAMI, FL 33162      US

**Name and Address of New Registered Agent:**

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: MARISTANY ANGELICA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RODIN, PAUL  
Address: 450 NE 166 ST UNIT A  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD ( ) Delete  
Name: MARISTANY, ANGELICA,  
Address: 450 NE 166 ST. UNIT C  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SD ( ) Delete  
Name: WILNIE, LERARD  
Address: 450 NE 166 ST UNIT B  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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:

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: MARISTANY ANGELICA

SD

11/09/2006

Electronic Signature of Signing Officer or Director

Date