

**2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 13, 2005  
Secretary of State**

DOCUMENT# 754078

Entity Name: LISETTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1990 MARSEILLES DR.  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

1990 MARSEILLES DR.  
#402  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 59-2130925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALMODOVAR, CARMEN  
1990 MARSEILLES DRIVE  
#502  
MIAMI BEACH, FL 33141 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: CARMEN ALMODOVAR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALEZ, ROLANDO  
Address: 1990 MARSEILLES DR #402  
City-St-Zip: MIAMI BEACH, FL 33141

Title: V ( ) Delete  
Name: SANTOS, ANA  
Address: 1990 MARSEILLES DRIVE, #400  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete  
Name: ODIO, GERARDO R  
Address: 1990 MARSEILLES DR #202  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S ( ) Delete  
Name: GOMEZ, IGNACIO  
Address: 1990 MARSEILLES DR #500  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: PADRO, JOAQUIN  
Address: 1990 MARSEILLES DRIVE, #301  
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete  
Name: MOLINA, LUIS  
Address: 1990 MARSEILLES DRIVE #200  
City-St-Zip: MIAMI BEACH, FL 33141

**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:

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 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 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: GERARDO ODIO

Electronic Signature of Signing Officer or Director

VP

10/13/2005

Date