
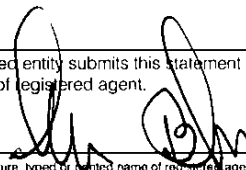
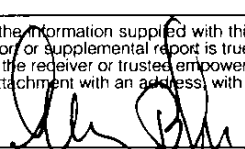


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 756408			
1. Entity Name SOUTHRIDGE VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484		Mailing Address 15931 S.W. 8TH AVENUE DELRAY BCH, FL 33484	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 59-2171937		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEHAR, ELI 4309 LIVE OAK BLVD. DELRAY BEACH, FL 33445		Name ELI BEHAR	
		Street Address (P.O. Box Number is Not Acceptable) 4309 LIVE OAK BLVD	
		City Delray Beach FL Zip Code 33445	
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 		DATE 10/11/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		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	PD BEHAR, ELI 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080922449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10/17/06--01040--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COHEN, ROGER 530 S PARK RD, BLDG 11, APT 23 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jacqueline HOLCOMB 5928 PEACOCK LANE HASSTON GA 30542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEHAR, RAYMONDE 15931 S.W. 8TH AVENUE DELRAY BEACH, FL 33484 <input 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
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
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 exemptions contained 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 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: 		DATE 10/11/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	

06 OCT 17 11:08



REINSTATEMENT

OCT 17 2006