

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757073

FILED
Dec 09, 2009
Secretary of State

Entity Name: CARIBBEAN TOWNHOMES OF LAS OLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

800 S E 2ND STREET
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

800 S E 2ND STREET
FORT LAUDERDALE, FL 333013613

New Mailing Address:

FEI Number: 59-2251572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAZBAD, FREDERICK
810 SE 2ND ST.
UNIT E
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

YAZBACK, FREDERICK
810 SE 2ND ST.
UNIT E
FORT LAUDERDALE, FL 33301 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: FREDERICK YAZBACK

12/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BM () Delete
Name: MOLD, JEREMY
Address: 810 SE 2ND ST. UNIT E
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: YAZBUCK, FREDERICK
Address: 810 SE 2ND ST. UNIT E
City-St-Zip: FT LAUDERDALE, FL

Title: TD () Delete
Name: PITTLEMON, SHELDON
Address: 810 SE 2ND ST. UNIT F
City-St-Zip: FT LAUDERDALE, FL 33301

Title: SD () Delete
Name: BOLTON, LOIS
Address: 800 SE 2ND ST. UNIT L
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP (X) Delete
Name: JONES, DOUG
Address: 800 SE 2ND ST. UNIT N
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BM (X) Change () Addition
Name: KASTNER, JOHN
Address: 810 SE 2ND ST. UNIT M
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: YAZBACK, FREDERICK
Address: 810 SE 2ND ST. UNIT E
City-St-Zip: FT LAUDERDALE, FL

Title: VP (X) Change () Addition
Name: JONES, DOUG
Address: 810 SE 2ND ST. UNIT N
City-St-Zip: FT LAUDERDALE, FL 33301

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 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: JOHN KASTNER

BM

12/09/2009

Electronic Signature of Signing Officer or Director

Date