2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#761049

FILED Oct 01, 2007 Secretary of State

Entity Name: CALUSA CLUB VILLAGE CONDOMINIUM BLDG. B ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE. MIAMI, FL 33186

ALL FLORIDA MANAGEMENT COMPANY

9415 SUNSET DRIVE SUITE 149

MIAMI, FL 33173

Current Mailing Address:

New Mailing Address:

C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVE.

ALL FLORIDA MANAGEMENT COMPANY

9415 SUNSET DRIVE SUITE 149

MIAMI, FL 33173

FEI Number: 59-2384476

MIAMI, FL 33186

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIAY, CARLOS A 3750 NW 87TH AVE 100 MIAMI, FL 33178

MELONI, EDOARDO 900 S.W. 40TH AVENUE

US PLANTATION, FL 33317

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.

Name:

Title:

SIGNATURE: EDOARDO MELONI

() Delete

10/01/2007

Electronic Signature of Registered Agent

Date

(X) Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ZARANDY, GLORIA Name: Address:

13280 SW 88 LANE 105

Address: 9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33173 City-St-Zip:

City-St-Zip: MIAMI, FL 33186

> (X) Change () Addition Title:

Name: RAMIREZ, LUISA Name: RAMIREZ, LUISA

Address: 13280 SW 88 LANE, #201-B Address: 9415 SUNSET DRIVE SUITE 149

ZARANDY, GLORIA

City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33173

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: LUISA RAMIREZ PD 10/01/2007