2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 761539

1. Entity Name
APTH CONDOMINIUM ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 19 PM 4:06

REINSTATEMENT 05-06

Principal Place of Business	Mailing Address
3001-3089 NE 183 LANE AVENTURA, FL 33160	% ASSOCIATION MGMT PO BOX 630280 MIAMI, FL 33-163.

04102006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o DCI Association Services Suite, Apt. #, etc. 2035 Harding St, #200
City & State	City & State Hollywood FL
Zip / Country	Zip / Country 33020 US

4. FEI Number 59-2163136 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KREMEN, MARSHALL 160 NW 176 STREET # 406-3 MIAMI, FL 33169	Name: Andrew Meyrowitz Street Address (P.O. Box Number is Not Acceptable): c/o DCI Association Srvcs. 2035 Harding St #200 City: Hollywood FL Zip Code: 33020

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 _____ 4/12/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50

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	TD HALPERIN, RONNY 3077 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S/D 500074337955 05/10/06--01022--008 **297.50	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAMPEAS, NICK 3069 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Slewett, Philip 3037 NE 183 Lane Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATZ, JAMES 3019 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lurvey, Nirmala 3045 NE 183 Lane Aventura, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOLLAR-GROMOSAIK, DEBRA 3041 NE 183 LANE AVENTURA, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Gromosaik, Debra	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLENSKY, HESHY 3065 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lopez, Hugo 3053 NE 183 Lane Aventura, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOODE VON EIFF, CHERYL 3089 NE 183 LANE AVENTURA, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Unmuth, Debra 3071 NE 183 Lane Aventura, FL 33160	☐ Change ☒ 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: Debra A. Gromosaik 4-11-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #