

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 JAN -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-4-08



REINSTATEMENT 01

DOCUMENT # 764957 1. Entity Name CEDAR BREEZE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3170 CORAL SPRINGS DRIVE APT 1- 8 CORAL SPRINGS, FL 33065			Mailing Address 3168 CORAL SPRINGS DRIVE APT 7 CORAL SPRINGS, FL 33065		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CAMPBELL, JENNIFER 3168 CORAL SPRING DRIVE APT. 7 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, 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	VD CAMPBELL, JENNIFER 3168 CORAL SPRING DRIVE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500113597395 01/03/08--01022--002 **\$1.25 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARKO, STEVEN 3156 CORAL SPRING DR CORAL SPRINGS, FL 33065 <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	VTD CAMPBELL, JENNIFER 3168 CORAL SPRING DR CORAL SPRINGS, FL 33065 <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	SD YELLOTT, AMY M 3164 CORAL SPRING DR CORAL SPRINGS, FL 33065 <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: <i>Jennifer Campbell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-24-07 954-753-0276 <small>Date Daytime Phone #</small>		