## 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N00000004385

FILED Oct 27, 2004 Secretary of State

Entity Name: THE GARDENS AT HIGHLAND BEACH SOUTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1115 HIGHLAND BEACH DR. 1111 HIGHLAND BEACH DR HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 **Current Mailing Address: New Mailing Address:** 1115 HIGHLAND BEACH DR. 11111HIGHLAND BEACH DR. HIGHLAND BEACH, FL 33487 HIGHLAND BEACH, FL 33487 FEI Number: 65-1035441 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: FORTANG, BERNARD 1111 HIGHLAND BEACH DR. HIGHLAND BEACH, FL 33487 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition FORTANG, BERNARD Name: Name: Address: 1111 HIGHLAND BEACH DR. Address: City-St-Zip: HIGHLAND BEACH, FL 33487 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: SIEGEL, NICOLE Name: Address: 1113 HIGHLAND BEACH DR. Address: City-St-Zip: HIGHLAND BEACH, FL 33487 City-St-Zip: Title: () Delete Title: () Change () Addition BRISSON, MONICA Name: Name: 1115 HIGHLAND BEACH DR. Address: Address: City-St-Zip: HIGHLAND BEACH, FL 33487 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERNARD FORTGANG PD 10/27/2004