


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000002555 1. Entity Name BILTMORE VILLAGE CONDOMINIUM THE PEACOCK BUILDING ASSOCIATION, INC.			FILED 05 MAY -3 PM 12:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2005-05-03 12:44 PM
Principal Place of Business 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149		Mailing Address 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149	
2. Principal Place of Business 671 Biltmore Way Suite, Apt. #, etc.		3. Mailing Address P.O. Box 431410 Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State S. Miami, FL	
Zip 33134		Zip 33243-1410	
4. FEI Number 65-1099123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUQUE, DIEGO 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149		7. Name and Address of New Registered Agent Name: Alhambra Property Mgmt Street Address (P.O. Box Number is Not Acceptable): 5701 Sunset Drive Suite: 100A City: S. Miami, FL Zip Code: 33143	
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: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4/25/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	DP DUQUE, DIEGO 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Russell Dohan 671 Biltmore Way #501 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT HENAO, CLAUDIA E. DUQ 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Christian Patrick 671 Biltmore Way Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUQUE, ELVIA H. DE 789 CRANDON BLVD., UNIT 301 KEY BISCAVNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Johanna Armengol 671 Biltmore Way Coral Gables, FL 33134
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
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 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 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/25/05 (305) 664-5066 <small>Date Daytime Phone #</small>	