2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000005293

Entity Name: SUN VILLAS TOWN HOMES CONDOMINIUM ASSOCIATION, INC.

FILED Oct 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

710 SOUTH DIXIE HIGHWAY 7750 WEST 26TH AVE CORAL GABLES, FL 33146 SUITE 4

HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

710 SOUTH DIXIE HIGHWAY P.O. BOX 160718 CORAL GABLES, FL 33146 PIALEAH, FL 33016

FEI Number: 65-1129461 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:

CORREA, DANNY
FLORIDA'S PROPERTY MGMT GROUP

710 SOUTH DIXIE HIGHWAY

CORAL GABLES, FL 33146 US

T750 WEST 26TH AVE
SUITE 4
HIALEAH, FL 33016 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: ORLANDO FERRO 10/21/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D () Delete Title: PD (X) Change () Addition

 Name:
 ROBAINA, JULIO
 Name:
 MARTINEZ, GABRIEL

 Address:
 499 WEST 23RD ST
 Address:
 7750 WEST 26TH AVE

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 HIALEAH, FL 33016

Title: D () Delete Title: TD (X) Change () Addition Name: VERA, CLEMENTE Name: MORALES, BERTY

 Name
 VERA, CLEMENTE
 Name
 WORALES, BERTT

 Address:
 499 WEST 23RD ST
 Address:
 7750 WEST 26TH AVE

 City-St-Zip:
 HIALEAH, FL 33010
 City-St-Zip:
 HIALEAH, FL 33016

Title: D (X) Delete Title: () Change () Addition

 Name:
 MESIRE, TERESA
 Name:

 Address:
 14931 BEL AIRE DRIVE SOUTH
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33037
 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: GABRIEL MARTINEZ PD 10/21/2004