

**2004 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 30 AM 8:00

REINSTATEMENT 04



10292004 REIN-NP CR2E099 (6/04) *MRS*

4. FEI Number 04-3697925 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DOCUMENT # N02000005619
1. Entity Name
ST. CROIX COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2121 PONCE DE LEON BLVD PH2
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON BLVD PH2
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGISTERED AGENTS OF FLORIDA, LLC
100 SE SECOND STREET
SUITE 2900
MIAMI, FL 33131-2130

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Howard J. Vogel, Vice President DATE 12/29/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVC Delete
NAME LOPEZ, JORGE
STREET ADDRESS 2121 PONCE DE LEON BLVD PH2
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVPS Delete
NAME MADES, MARA
STREET ADDRESS 2121 PONCE DE LEON BLVD PH2
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPAS Delete
NAME WOLFE, LEON J
STREET ADDRESS 2121 PONCE DE LEON BLVD PH2
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DCH Delete
NAME MEYERS, STUART I
STREET ADDRESS 2121 PONCE DE LEON BLVD PH2
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Leon J. Wolfe DATE 12/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

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12/30/04--01021--017 **236.25