2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2009
Secretary of State

DOCUMENT# N02534

Entity Name: SUNBLEST TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4775 NW 89TH AVENUE
SUNRISE, FL 333512361

New Principal Place of Business:

Current Mailing Address:

4775 NW 89TH AVENUE
SUNRISE, FL 333512361

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 333123525 US

Name and Address of New Registered Agent:

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: ADAM LERNER

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	LERNER, ADAM	
Address:	4673 NW 89 AVE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	VP	( ) Delete
Name:	JORDAN, JOYCE	
Address:	4684 NW 90 AVE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	T	( ) Delete
Name:	GROSSFELD, DONNA	
Address:	4676 NW 90 AVE	
City-St-Zip:	SUNRISE, FL 33351	
Title:	VP	( ) Delete
Name:	MORGAN, APRIL	
Address:	5208 NW 94TH TR.	
City-St-Zip:	SUNRISE, FL 33351	
Title:	S	( ) Delete
Name:	GROSSFELD, DONNA	
Address:	4676 NW 90 AV	
City-St-Zip:	SUNRISE, FL 33351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADAM LERNER P 10/06/2009

Electronic Signature of Signing Officer or Director — Date