## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000003904

FILED Mar 01, 2007 Secretary of State

Entity Name: EMBASSY PLACE HOMEOWNERS ASSOCIATION, INC.

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

1715 WOODBRIDGE LAKES CIRCLE 1950 PRESIDENTIAL WAY WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33401

Current Mailing Address: New Mailing Address:

1715 WOODBRIDGE LAKES CIRCLE 1950 PRESIDENTIAL WAY WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33401

FEI Number: 00-6177892 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:

CRAFT, DAVID W
3418 POINSETTA AVE.
WEST PALM BEACH, FL 33407 US
FISKE, PRISCILLA P
1950 PRESIDENTIAL WAY
WEST PALM BEACH, FL 33401 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: PRISCILLA P. FISKE 03/01/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 LEVY, PASCAL
 Name:
 BENGTSON, ANDERS

Address: 391 SUNRISE WAY Address: 1950 PRESIDENTIAL WAY, UNIT #11
City-St-Zip: JUNO BEACH, FL 33408 City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete Title: S/T (X) Change ( ) Addition

Name: BERGHAUS, THEODORE F Name: NISSIM, IAN

Address: 1715 WOODBRIDGE LAKES CIR. Address: 1950 PRESIDENTIAL WAY, UNIT #5
City-St-Zip: WEST PALM BEACH, FL 33406
City-St-Zip: WEST PALM BEACH, FL 33406

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

 Name:
 CRAFTS, DAVID W
 Name:

 Address:
 3418 POINSETTIA AVE.
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33406
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PRISCILLA P. FISKE MGR. 03/01/2007