2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004512

FILED Nov 19, 2007 Secretary of State

Entity Name: WEST COAST GARDEN CONDOMINIUM ASSOCIATION, INC.

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

6450 ARTHUR STREET 13320 SW 82ND STREET

HOLLYWOOD, FL 33024 MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

6450 ARTHUR STREET 13320 SW 82ND STREET

HOLLYWOOD, FL 33024 MIAMI, FL 33183

FEI Number: 20-2555159 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIAZ, DANIEL CASS, BARBARA D
6450 ARTHUR STREET
HOLLYWOOD, FL 33024 US CASS, BARBARA D
13320 SW 82ND STREET
MIAMI, FL 33183 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.

City-St-Zip:

SIGNATURE: BARBARA D. CASS 11/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

HOLLYWOOD, FL 33024

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33183

tle: PD () Delete Title: PD (X) Change () Addition

Name: DIAZ, DANIEL Name: CASS, BARBARA D
Address: 6450 ARTHUR STREET Address: 13320 SW 82ND AVENUE

Title: VTD () Delete Title: VSD (X) Change () Addition

Name: LARA, MIGUEL Name: HERMIDA, OLGA

 Address:
 6450 ARTHUR STREET
 Address:
 13320 SW 82ND AVENUE

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:
 MIAMI, FL 33183

 $\label{eq:title:definition} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf TD} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 FERNANDEZ, SERGIO
 Name:
 SANTOS, AIDA

 Address:
 6450 ARTHUR STREET
 Address:
 13320 SW 82ND STREET

 Address:
 6450 ARTHUR STREET
 Address:
 13320 SW 82ND STREE

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:
 MIAMI, FL 33183

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: OLGA HERMIDA VSD 11/19/2007