

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004716

FILED
Oct 10, 2005
Secretary of State

Entity Name: LA ROMANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1625 NORTH COMMERCE PARKWAY
SUITE 315
WESTON, FL 33326

New Principal Place of Business:

C/O KABAR GROUP
900 WEST MARION AVENUE
PUNTA GORDA, FL 33950

Current Mailing Address:

1625 NORTH COMMERCE PARKWAY
SUITE 315
WESTON, FL 33326

New Mailing Address:

C/O KABAR GROUP
900 WEST MARION AVENUE
PUNTA GORDA, FL 33950

FEI Number: 20-3455191 **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:

LOMBARDI, VINCENZO
3906 LACOSTA ISLAND COURT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

LOMBARDI, VINCENZO
C/O KABAR GROUP
900 WEST MARION AVENUE
PUNTA GORDA, FL 33950 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: VINCENZO LOMBARDI

10/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOMBARDI, VINCENZO
Address: 3906 LACOSTA ISLAND COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: ALBACETE, ALFONSO
Address: 1625 NORTH COMMERCE PARKWAY #315
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: MARTINEZ, CIRO
Address: 1625 NORTH COMMERCE PARKWAY #315
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOMBARDI, VINCENZO
Address: C/O KABAR GROUP, 900 WEST MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

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 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: VINCENZO LOMBARDI

PD

10/10/2005

Electronic Signature of Signing Officer or Director

Date