

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000006648

FILED
Sep 30, 2005
Secretary of State

Entity Name: PALMA NOVA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6100 SW 34 STREET
DAVIE, FL 33314 US

New Principal Place of Business:

3500-A SW 61 AVENUE
DAVIE, FL 33314 US

Current Mailing Address:

3075 SW 60 TERRACE
DAVIE, FL 33314

New Mailing Address:

FEI Number: 56-2468688 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RODRIGUEZ, CARIDA
3075 SW 60 TERRACE
DAVIE, FL 33314 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: CARIDA RODRIGUEZ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RODRIGUEZ, CARIDA
Address: 3075 SW 60 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: SHANBHAG, VENKATESH
Address: 5986 SW 29 PLACE
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: GONZALEZ, PABLO D
Address: 3224 SW 62 AVENUE
City-St-Zip: DAVIE, FL 33314

Title: RS () Delete
Name: LEVITT, MARIE L
Address: 3151 SW 61 TERRACE
City-St-Zip: DAVIE, FL 33314

Title: CS (X) Delete
Name: LE BELLOT, LICIA M
Address: 5999 SW 32 STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: GORMLEY, KATHRINE
Address: 3057 SW 61 AVENUE
City-St-Zip: DAVIE, FL 33314

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

Title: S (X) Change () Addition
Name: LE BELLOT, LICIA M
Address: 5999 SW 32 STREET
City-St-Zip: DAVIE, FL 33314

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: CARIDA RODRIGUEZ

P

09/30/2005

Electronic Signature of Signing Officer or Director

Date