

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000007957 1. Entity Name VISTAZO AT BOCA RATON COMMUNITY ASSOCIATION, INC.				FILED 06 FEB -6 PM 3:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7975 N.W. 154 STREET, SUITE 400- MIAMI LAKES, FL 33016		Mailing Address 7975 N.W. 154 STREET, SUITE 400- MIAMI LAKES, FL 33016		 REINSTATEMENT 05-06 12282006 TREINWP CR2E099 (6/04)	
2. Principal Place of Business 8190 State Road 84 Suite, Apt. #, etc.		3. Mailing Address 8190 State Road 84 Suite, Apt. #, etc.			
City & State DAVIE, FL Zip 33324		City & State DAVIE, FL Zip 33324			
Country US		Country US		4. FEI Number 20-1491946	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent KIMBALL FLETCHER, PATRICIA P.A. 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Patricia K Fletcher</u> <u>1/31/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHRAGER, MARLENE 8190 STATE ROAD 84 DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300063005423 01/06/06--01047--009 **236.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRUCKER, ROSLYN 8190 STATE ROAD 84 DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300063005423 03/01/06--01014--007 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VANESS, RICHARD 8190 STATE ROAD 84 DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Marlene Schrager</u> <u>MARLENE SCHRAGER</u> <u>12/2/05</u> <u>954-370-0003</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					