


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009279 1. Entity Name TOWN CENTER CONDOMINIUM ASSOCIATION, INC.	
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FILED
05 OCT -7 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ATTN: SHANNON MITCHELL 720 CELEBRATION AVENUE CELEBRATION, FL 34747	Mailing Address ATTN: SHANNON MITCHELL 720 CELEBRATION AVENUE CELEBRATION, FL 34747
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09222005 REIN-NP CR2E099 (6/04)

4. FEI Number 201686591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VAINDER, STEVEN J ESQ. 200 SOUTH BISCAYNE BOULEVARD SUITE 4900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name: Gary A. Poliakoff, Pres. Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A. 3111 Stirling Road City: Fort Lauderdale FL Zip Code: 33312
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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:  DATE: 10-5-05

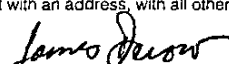
(NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete MEGRIN, METIN 645 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Negrin, Metin <input type="checkbox"/> Change <input type="checkbox"/> Addition 654 Madison Ave., Suite 703 New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <input type="checkbox"/> Delete DEROW, JAMES 645 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	654 Madison Avenue, Suite 703 New York, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete JENKINS, FRANCIS 645 MADISON AVENUE, SUITE 703 NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fatima Griffith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 654 Madison Ave., Suite 703 New York, NY 10021
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 200060499342 10/11/05--01060--003 **245.00
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:  JAMES DEROW Date: 9/20/05 Daytime Phone #: 212-750-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR