

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Mar 31, 2007  
Secretary of State**

DOCUMENT# N04000009599

Entity Name: 1840 NAPOLI LUXURY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2601 BAYSHORE DRIVE  
SUITE 200  
MIAMI, FL 33133

**New Principal Place of Business:**

396 ALHAMBRA CIRCLE  
SUITE 230  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2601 BAYSHORE DRIVE  
SUITE 200  
MIAMI, FL 33133

**New Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 230  
CORAL GABLES, FL 33134

FEI Number: 20-1759574      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:**

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

SHEAR, DAVID  
FIELDSTONE LESTER SHEAR & DENBERG, LLP  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 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: DAVID SHEAR

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTINEZ, ALFRED  
Address: 2601 BAYSHORE DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33133

Title: PD (X) Change ( ) Addition  
Name: KING, DEBRA  
Address: 396 ALHAMBRA CIRCLE, #230  
City-St-Zip: CORAL GABLES, FL 33134

Title: VSD ( ) Delete  
Name: ESTRADA, JENNIFER  
Address: 2601 BAYSHORE DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33133

Title: TR (X) Change ( ) Addition  
Name: SCOTT, SCHULTZ  
Address: 396 ALHAMBRA CIRCLE, #230  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD (X) Delete  
Name: CACHINERO, MICHELLE  
Address: 2601 BAYSHORE DRIVE, SUITE 200  
City-St-Zip: MIAMI, FL 33133

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 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: DEBRA KING

PD

03/31/2007

Electronic Signature of Signing Officer or Director

Date