

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000012068

FILED
Mar 29, 2009
Secretary of State

Entity Name: EVENING STAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1142 99TH STREET
#3
BAY HARBOR ISLANDS, FL 33154

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 841437
HOLLYWOOD, FL 33084

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

BECKER & POLIAKOFF, P.A.
% CARLOS F. MARTIN, ESQ.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

URBAY, KETTY
500 BRICKELL AVENUE, EAST TOWER
3805
MIAMI, FL 33131 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: KETTY URBAY

03/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T/S () Delete
Name: SKORDILLIS, JENNY
Address: 1150 99TH ST #6
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VPD () Delete
Name: BONETT, KERSTIN
Address: 1150 99TH ST #25
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: P () Delete
Name: DREXEL, DORRIS J
Address: 1150 99TH ST #7
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DORRIS DREXEL

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date