## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000002726

FILED Oct 17, 2006 Secretary of State

Entity Name: OLEANDER PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4943 SW 75TH AVE 216 SW 12 AVENUE MIAMI, FL 33155 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

4943 SW 75TH AVE 216 SW 12 AVENUE MIAMI, FL 33155 MIAMI, FL 33130

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MENUN, JOSE FIGUEROA, JUAN CPA
4943 SW 75TH AVE 1428 BRICKELL AVENUE
MIAMI, FL 33155 US 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: JUAN FIGUEROA 10/17/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: MGR (X) Change ( ) Addition Name: MEMUN, JOSE Name: MEMUN, ABRAHAM

 Name:
 MEMON, 30SE
 Name:
 MEMON, ABRAHAM

 Address:
 4943 SW 75TH AVE
 Address:
 216 SW 12 AVENUE

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33130

Title: VTD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MEMUN, ABRAHAM
 Name:

 Address:
 4943 SW 75TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:

Title: SD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 SALAME, SIMONE
 Name:

 Address:
 4943 SW 75TH AVE
 Address:

 City-St-Zip:
 MIAMI, FL 33155
 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: ABRAHAM MEMUN MGR 10/17/2006

Electronic Signature of Signing Officer or Director

Date