

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000005328

**FILED**  
**Nov 07, 2011**  
**Secretary of State**

**Entity Name:** ARISSA PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O BA PROPERTY MANAGEMENT  
2889 10TH AVE N, SUITE 302  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BA PROPERTY MANAGEMENT  
2889 10TH AVE N, SUITE 302  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 20-2914513

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BORELL, ALEXANDER E  
2889 10TH AVE N  
SUITE 302  
LAKE WORTH, FL 33461 US

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

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:** ALEXANDER BORELL

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** THOMAS, MENZEL  
**Address:** 2040 GREENVIEW SHORES BLVD., #212  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** S  
**Name:** WOODWARD, SCOTT  
**Address:** 14345 HORSESHOE TRAIL  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** D  
**Name:** POPPER, GINGER  
**Address:** 1577 CARRERA LANE  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** D  
**Name:** ZAPATA, ELSIE  
**Address:** 2100 GREENVIEW SHORES, #522  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby 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 all other like empowered.

**SIGNATURE:** ANDREA BORELL

LCAM

11/07/2011

Electronic Signature of Signing Officer or Director

Date