


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N05000007440</b> 1. Entity Name <b>IBIZA VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>	
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FILED

09 MAR 27 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>7003 N. WATERWAY DR.</del> <del>SUITE 219</del> <del>MIAMI, FL 33155</del>	Mailing Address PO BOX 144730 MIAMI, FL 33114
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2. Principal Place of Business - No P.O. Box # <b>300 SEVILLA AVENUE</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>202</b>	Suite, Apt. #, etc. <b>SAME</b>
City & State <b>CORAL GABLES, FL</b>	City & State <b>SAME</b>
Zip <b>33134</b>	Zip <b>SAME</b>
Country <b>USA</b>	Country <b>SAME</b>



REINSTATEMENT 08-09

4. FEI Number <b>NOT APPLICABLE</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent NAVARRO, BERNARDO <del>7003 N. WATERWAY DRIVE.</del> <b>300 SEVILLA AVENUE</b> <del>SUITE 219</del> <b>SUITE 202</b> <del>MIAMI, FL 33155</del> <b>CORAL GABLES, FLORIDA 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAVARRO, BERNARDO <b>300 SEVILLA AVE</b> <del>7003 N. WATERWAY DRIVE SUITE 219</del> <b>SUITE 202</b> <del>MIAMI, FL 33155</del> <b>CORAL GABLES, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">800147722578</div> 03/27/09--01032--025 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CERRA, MIGUEL 7003 N. WATERWAY DRIVE SUITE 219 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUEMBES, HORACIO C 7003 N. WATERWAY DRIVE SUITE 219 MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 exemptions contained 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 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: Bernardo Navarro **BERNARDO NAVARRO** 3/13/09 439-5829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #