## 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000007525

FILED Nov 06, 2008 Secretary of State

Entity Name: ARCH CREEK LANDING CONDOMINIUM ASSOCIATION, INC.

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

1090 NE 129TH STREET N MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

C/O COMPLETE PROPERTY MANAGEMENT P.O. BOX 402507 MIAMI BEACH, FL 33140

FEI Number: 20-3193481 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:

COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD SUITE #401 MIAMI, FL 33137 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: SHEARL R. HICKS

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LAGO, ROBERTO
 Name:
 LAGO, ROBERTO

 Address:
 1090 NE 129 ST #401
 Address:
 P O BOX 402507

 City-St-Zip:
 N MIAMI, FL 33161
 City-St-Zip:
 MIAMI BEACH, FL 33140

Title: PD ( ) Delete Title: VP/S (X) Change ( ) Addition Name: PAIGE, DANIEL Name: ROJAS, JESUS

 Address:
 1090 NE #129 ST. #302
 Address:
 P O BOX 402507

 City-St-Zip:
 N. MIAMI, FL 33161
 City-St-Zip:
 MIAMI BEACH, FL 33140

 $\label{eq:title:D} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

 Name:
 ROJAS, JESUS
 Name:
 VELEZ-COLON, SONIA

 Address:
 1090 NE #129 ST. #302
 Address:
 P O BOX 402507

 City-St-Zip:
 N. MIAMI, FL 33161
 City-St-Zip:
 MIAMI BEACH, FL 33140

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: SHEARL RAY HICKS RA 11/06/2008