

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008096

FILED
Nov 13, 2008
Secretary of State

Entity Name: VILLAS SANTORINI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14334 WELLINGTON TRACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

C/O SCOTT F. BRENNER
1500 W. CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

14334 WELLINGTON TRACE
WELLINGTON, FL 33414 US

New Mailing Address:

C/O SCOTT F. BRENNER
1500 W. CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-2992453 **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:

MAC MAHON, DERMOT P
1860 FOREST HILL BOULEVARD
SUITE 105
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

BRENNER, SCOTT F
C/O SCOTT F. BRENNER
1500 W. CYPRESS CREEK ROAD, SUITE 409
FORT LAUDERDALE, FL 33309 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: SCOTT F. BRENNER, REGISTERED AGENT

11/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: ANDRADE, ALFONSO
Address: 14334 WELLINGTON TRACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC () Delete
Name: ANDRADE, PATRICIA M
Address: 2441 COUNTRY GOLF DRIVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: ANDRADE, PATRICIA L
Address: 14334 WELLINGTON TRACE
City-St-Zip: WELLINGTON, FL 33414 US

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: SCOTT F. BRENNER

RA

11/13/2008

Electronic Signature of Signing Officer or Director

Date