



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|--|----------------------------|--|--|--|---|--|
| DOCUMENT # N05000009544 1. Entity Name LAUDERDALE TOWER CONDOMINIUM ASSOCIATION, INC. | | | |  | | FILED 08 DEC 12 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 3650 N FEDERAL HIGHWAY 202 LIGHTHOUSE POINT, FL 33064 | | | | Mailing Address 3650 N FEDERAL HIGHWAY 202 LIGHTHOUSE POINT, FL 33064 | | | |
| 2. Principal Place of Business - No P.O. Box # 2900 NE 30th Street | | 3. Mailing Address Same | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State Fort Lauderdale, FL | | City & State | | | | | |
| Zip 33306 | | Country USA | | 4. FEI Number 20-5303867 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 11242008 REIN-NP CR2E099 (1/07) | | | |
| 6. Name and Address of Current Registered Agent SHENDELL, TAMAR SHENDELL & ASSOCIATES PA 3650 N FEDERAL HWY #202 LIGHTHOUSE POINT, FL 33064 | | | | | | | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>Tamar Shendell, President</u> <u>Tamar Shendell, President</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE P <input checked="" type="checkbox"/> Delete NAME FEIN, BUD STREET ADDRESS 4705 WOODLANDS BLVD CITY-ST-ZIP TAMARAC, FL 33319 | | | | TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PETE MASITTI STREET ADDRESS 2900 NE 30th St #10M CITY-ST-ZIP FT LAUDERDALE FL 33306 | | | |
| TITLE T <input checked="" type="checkbox"/> Delete NAME SHARPE, THOMAS S STREET ADDRESS 2900 N.E. 30TH STREET #3H CITY-ST-ZIP FORT LAUDERDALE, FL 33306 | | | | TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DENNIS COLINA STREET ADDRESS 2900 NE 30th st apt 6M CITY-ST-ZIP Ft lauderdale FL 33306 | | | |
| TITLE S <input type="checkbox"/> Delete NAME BECART, VIRGINIA STREET ADDRESS 2900 N.E. 30TH STREET #4K CITY-ST-ZIP FORT LAUDERDALE, FL 33306 | | | | 000138987620 12/12/08--01040--001 **61.25 | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | REINSTATEMENT | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 11-24-08 <small>Date Daytime Phone #</small> | | | |