

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

DOCUMENT# N05000010691

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** PLACE DES ARTS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

301 HENDRICKS ISLE  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

800 EAST BROWARD BLVD.  
710  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

7609 DAVIE ROAD EXT.  
HOLLYWOOD, FL 33024

**FEI Number:** 20-0382147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUCKER & TIGHE, P.A.  
800 EAST BROWARD BLVD.  
SUITE 710  
FORT LAUDERDALE, FL 33301 US

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

RHODES MANAGEMENT  
7609 DAVIE ROAD EXT.  
HOLLYWOOD, FL 33024 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:** MICHAEL RHODES

01/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HINK, RONALD  
**Address:** 301 HENDRICKS ISLE  
**City-St-Zip:** FT. LAUDERDALE, FL 33301

**Title:** VP  
**Name:** MORELL, LUIS  
**Address:** 301 HENDRICKS ISLE  
**City-St-Zip:** FT. LAUDERDALE, FL 33301

**Title:** T&S  
**Name:** HELLER, ANDREW  
**Address:** 301 HENDRICKS ISLE  
**City-St-Zip:** FT. LAUDERDALE, FL 33301

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:** RONALD HINK

P

01/20/2011

Electronic Signature of Signing Officer or Director

Date