

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 09, 2009
Secretary of State**

DOCUMENT# N05000010914

Entity Name: POINSETTIA HEIGHTS PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

1345 NE 17TH AVE
4
FT LAUDERDALE, FL 33304

Current Mailing Address:

New Mailing Address:

1345 NE 17TH AVE
4
FT LAUDERDALE, FL 33304

FEI Number: 20-4033317 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:

MALANOWSKI, LISA
POINSETTIA HEIGHTS PLACE CONDOMINIUM ASSOC
1345 NE 17TH AVE., #4
FT LAUDERDALE, FL 33304 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: LISA MALANOWSKI

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MALANOWSKI, LISA
Address: 1345 NE 17TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Delete
Name: MILLS, DENISE
Address: 1345 NE 17TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST () Delete
Name: SOUTO, ELIZABETH
Address: 1345 NE 17TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

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: LISA MALANOWSKI

DP

03/09/2009

Electronic Signature of Signing Officer or Director

Date