


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|--|--|--|--|
| DOCUMENT # N05000011314 1. Entity Name AVANTI CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401 | | Mailing Address 5456 A1A SOUTH SAINT AUGUSTINE, FL 32080 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 5455 A1A South Suite, Apt. #, etc. | |
| City & State Zip | | City & State St Augustine FL Zip 32080 | |
| Country | | Country | |
| 4. FEI Number 20-3852234 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAY MANAGEMENT SERVICES 5455 121A SOUTH SAINT AUGUSTINE, FL 32080 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5455 A1A South City St Augustine FL Zip Code 32080 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | PD MARTINEZ, MAGGIE ONE NORTH CLEMATIS STREET #200 WEST PALM BEACH, FL 33401 | TITLE | President Robert Conrad 3591 South Kernan Blvd #416 Jacksonville FL 32224 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | VD BECKERMAN, ARTHUR ONE NORTH CLEMATIS STREET #200 WEST PALM BEACH, FL 33401 | TITLE | Vice President Michael Browning 3591 South Kernan Blvd #105 Jacksonville FL 32224 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | STD PORTUONDO, AURELIO ONE NORTH CLEMATIS STREET #200 WEST PALM BEACH, FL 33401 | TITLE | Sec. Janet Miller 3591 S. Kernan Blvd # 817 Jacksonville, FL 32224 |
| | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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>Robert Conrad</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>2/13/2008</u> <small>Daytime Phone #</small> | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08
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