

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|--|---|--|---|---|--|
| DOCUMENT # N05000012189 1. Entity Name COURTSIDE VILLAS AT MISSION BAY CONDOMINIUM ASSOCIATION, INC. | | | | <div style="text-align: right;"> FILED 07 MAY 23 AM 9: 22 STATE OF FLORIDA REINSTATEMENT </div> | |
| Principal Place of Business 9033 GLADES ROAD SUITE C BOCA RATON, FL 33434 | | Mailing Address 9033 GLADES ROAD SUITE C BOCA RATON, FL 33434 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 13-5266470 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> | |
| Country | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TIGHE, THOMAS J ESQ. 800 EAST BROWARD BLVD. SUITE 710 FT. LAUDERDALE, FL 33301 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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><i>Thomas Tighe</i></u> 4/24/07 <small>Signature, typed or printed name of registered agent and title, 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 NAME STREET ADDRESS CITY-ST-ZIP | D AVI, HANAN B 9033 GLADES ROAD SUITE C BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;"> <i>526/1</i> 300103933843 06/05/07--01062--004 **122.50 </div> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEISSMAN, NEIL J 9033 GLADES ROAD SUITE C BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REINGOLD, BRUCE 9033 GLADES ROAD SUITE C BOCA RATON, FL 33434 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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><i>HANAN BEN AVI</i></u> 5/1/2007 561-706-2207 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |