

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000012189

1. Entity Name  
COURTSIDE VILLAS AT MISSION BAY CONDOMINIUM  
ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUL -9 AM 11:03

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 #

1000 Holland Dr  
Suite 2

3. Mailing Address

1000 Holland Dr  
Suite 2

06112009 REIN-NP

CR2E099 (1/07)

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number  
13-5266470

Applied For  
Not Applicable

Zip  
33487

Country  
USA

Zip  
33487

Country  
USA

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D ☐ Delete  
NAME AVI, HANAN B  
STREET ADDRESS 9033 GLADES ROAD SUITE C  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☒ Delete  
NAME WEISSMAN, NEIL J  
STREET ADDRESS 9033 GLADES ROAD SUITE C  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE D ☒ Delete  
NAME REINGOLD, BRUCE  
STREET ADDRESS 9033 GLADES ROAD SUITE C  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME PTS  
Benavi, Hanan  
STREET ADDRESS 10280 B Courtside Lane  
CITY-ST-ZIP Boca Raton, FL 33428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hanan Benavi Pres. 6/1/09 561-9945850

Date

Daytime Phone #