


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

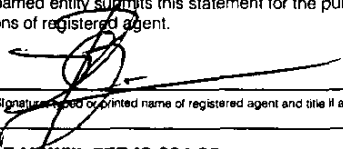
DOCUMENT # N05000012240		
1. Entity Name CLUBSIDE AT SABAL POINT CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 14111 FAIRWAY ISLAND DR ORLANDO, FL 32837	Mailing Address 14111 FAIRWAY ISLAND DR ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

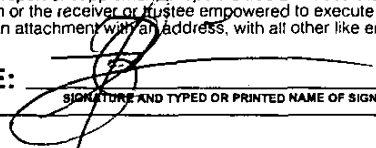
6. Name and Address of Current Registered Agent	
ZARERSKY, AND SO ESQ. RITTER ZARETSKY & LIEBER, LLP 555 NE 15 ST - STE 100 MIAMI, FL 33132	

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 	DATE 09/27/07

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	BENITEZ, ROLANDO	NAME	
STREET ADDRESS	9240 SUNSET DR - STE 100	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	BALZOLA, CARLOS	NAME	
STREET ADDRESS	1414 NW 107 AVE - STE 109	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 33172	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	FERNANDEZ-PLA, JORGE	NAME	
STREET ADDRESS	1414 NW 107 AVE - STE 109	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: 	DATE 09/27/07

FILED  
07 OCT 11 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



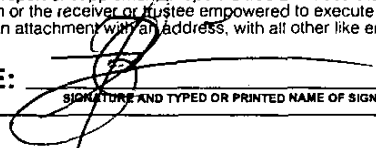
REINSTATEMENT 09/27/07 07

4. FEI Number APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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