

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000012589

FILED  
Nov 06, 2008  
Secretary of State

**Entity Name:** PALM BAY OF BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10101 WEST BAY HARBOR DR.  
BAY HARBOR ISLANDS, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 402507  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 20-3973229      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:**

COMPLETE PROPERTY MANAGEMENT  
3550 BISCAYNE BLVD.  
SUITE 401  
MIAMI, FL 33137 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: SHEARL R HICKS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ABADIA, CONSTANZA  
Address: 10101 WEST BAY HARBOR DR.  
City-St-Zip: BAY HARBOR, FL 33154 US

Title: VP ( ) Delete  
Name: MCNAMAR, LAWRENCE S  
Address: 10101 W BAY HARBOR 1R  
City-St-Zip: BAY HARBOR, FL 33154

Title: S ( ) Delete  
Name: ROJ, ALAN D  
Address: 10101 W BAY HARBOR DR  
City-St-Zip: BAY HARBOR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ABADIA, CONSTANZA  
Address: P O BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP (X) Change ( ) Addition  
Name: MCNAMAR, LAWRENCE S  
Address: P O BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S (X) Change ( ) Addition  
Name: ROJ, ALAN D  
Address: P O BOX 402507  
City-St-Zip: MIAMI BEACH, FL 33140

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: SHEARL R HICKS

RA

11/06/2008

Electronic Signature of Signing Officer or Director

Date