2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

								₁ FILED		
DOCUMENT # N05000012877 1. Entity Name							A. 18.50	07 JAN 19 PM 3: 42		
THE YACHT CLUB CONDOMINIUM ASSOCIATION OF HALLANDALE, INC.								Lare Act OF STATE TALLAHA S死E, FLERIDA		
Principal Place of Business Mailing Address								[LALLAHA) 克 E, FLERID)	į	
301-307 GOLDEN ISLES DRIVE 301-307 GOLDEN ISLES HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL										
							.			
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					REM STATEMENTOS OD- 67		
City & State			City & State					4. FEI Number 20 - 82 4 4 5 9 4 Not Applicable		
Zip	-ZipCountry		Zig	Zip		ountry		5. Certificate of Status Desired S8.75 Ad	¢0.75 August	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
LIEBER, OREN D ESQ						Name Luis Alonso				
555 NE 15TH STREET STE 100 MIAMI, FL 33132						Street Address (P.O. Box Number is Not Acceptable) 4937 S.W. 75 Avenue, Bldg B#21				
						City			Zip Code	
8 The shove	named entity	submits this statement for	the nurn	oea of changing ite	rogistor		ami	• - 1331	5.5	
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. 8. D0086175598 01/25/0701009001 **297.50										
SIGNATURE Signature. Nybod or printed name of registered agont and title if applicable. NOTE: Registered Agent signature required when relinstating) DATE										
FILE NOW!!! FEE IS \$297.50 Make check payable to Florida Department of State										
10. OFFICERS AND DIRECTORS					11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE DV TY Delete					TITL		President ☐ Change ☐ Addition			
NAME SAGARO, MICHAEL STREET ADDRESS 1840 MAIN STREET STE 102					MAM	E Et adoress	Luis Alonso			
CITY-ST-ZIP WESTON, FL 33326						-ST-ZIP	IAUK/SW /5 Avenue Rida R # 71			
TITLE	DST St Detate							e President & Change	Addition	
NAME STREET ADDRESS	ORTEGA, ALINA DORESS 1840 MAIN STREET STE 102				NAM	E Et adoress	Mar	lon Blanco		
CITY-ST-ZIP						4		7 S.W. 75 Avenue, Bldg. B # 21 mi, Fl 33155		
TITLE NAME				Detete	TITL	i		2 •	XX Addition	
STREET ADDRESS					NAM STRE	ET ADDRESS		berto Solares		
CITY-ST-ZIP	ļ				CITY	-ST-ZIP	Mia	7 S.W. 75 Avenue, Bldg. 1 mi, Fl 33155	3 # 21	
TITLE				☐ Delete	TITU			☐ Change	Addition	
NAME Street address		8(1/27			NAM STRE	ET ADDRESS				
CITY-ST-ZIP		12.110				-SI-ZIP				
TITLE			•	☐ Delete	ımı	£		Change	Addition	
NAME STREET ADDRESS					MAM	E Et adoress				
CITY-ST-ZIP						-ST-ZIP			ļ	
TITLE				☐ Delete	TITU	E .		☐ Change	Addition	
NAME CYPECT ADDRESS					NAM	i i				
STREET ADDRESS CITY-SY-ZIP						ET ADORESS -ST-ZIP				
12. I hereby	certify that the	information supplied with	-this filio	does not qualify for	or the e	kemptions (containe	ed in Chapter 119, Florida Statutes. I further certify that the	information	
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 supplier length growing 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 of trispies exposwered 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 life propowered.										
Changes, or on an attachment without address with all other tips impowered.										
SIGNATURE: SIGNATURE: Date Oxyline Phone #										
		/ ~ \ ``								