





# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 15 PM 12:18

<b>DOCUMENT # N06000000820</b> 1. Entity Name <b>TROPICAL VILLAS AT FOREST HILL CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>322 MURCIA DRIVE JUPITER, FL 33458</b>			Mailing Address <b>322 MURCIA DRIVE JUPITER, FL 33458</b>		
2. Principal Place of Business - No P.O. Box # <b>4010 South 57th Ave.</b>		3. Mailing Address <b>4010 South 57th Avenue</b>			
Suite, Apt. #, etc. <b>Suite 204</b>		Suite, Apt. #, etc. <b>Suite 204</b>			
City & State <b>Lake Worth, Florida</b>		City & State <b>Lake Worth, Florida</b>			
Zip <b>33463</b>		Zip <b>33463</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>10302007 REIN-NP</b>	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		CR2E099 (1/07)	
6. Name and Address of Current Registered Agent <b>BIGGINS, JOSEPH 322 MURCIA DRIVE JUPITER, FL 33458</b>				7. Name and Address of New Registered Agent Name <b>St. John, Core &amp; Lemme, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1601 Forum Place, Suite 701</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>	
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  <b>DAVID A. CORE, Secretary</b> <b>30 October 2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2008, Fee will be \$297.50</b>				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIGGINS, JOSEPH 322 MURCIA DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID GAMINARA P.O. Box 19982 WPB FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BIGGINS, CHRISTOPHER 322 MURCIA DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELLE GIESSEN S 4010 S. 57th Ave # 204 L.W. FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BIGGINS, LAURA 322 MURCIA DRIVE JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AMBER HAIGHT 1962 PALM ACRES DR. PALM SPRINGS FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300117968823 02/13/08--01031--005 **297.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 07-08	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:  <b>2-7-08 564-21-3511</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					