# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000011756

1. Entity Name
VILLA NOVA CONDOMINIUM ASSOCIATION OF DAVIE, INC.

FILED
08 JUN -6 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| MANAGEMENT OFFICE<br>6840 NOVA DRIVE<br>DAVIE, FL 33314 | MANAGEMENT OFFICE<br>6840 NOVA DRIVE<br>DAVIE, FL 33314 |

REINSTATEMENT 07-08

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| MANAGEMENT OFFICE | KATZMAN GARFINKEL |
| Suite, Apt. #, etc.<br>6840 NOVA DRIVE | Suite, Apt. #, etc.<br>1501 NW 49TH STREET, SUITE 202 |
| City & State<br>DAVIE FL | City & State<br>FORT LAUDERDALE FL |
| Zip / Country<br>33317 / USA | Zip / Country<br>33309 / USA |

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MELAND RUSSIN & BUDWICK, P.A.<br>3000 WACHOVIA FINANCIAL CENTER<br>200 SOUTH BISCAYNE BLVD<br>MIAMI, FL 33131 | Name: KATZMAN GARFINKEL<br>Street Address (P.O. Box Number is Not Acceptable): 1501 NW 49TH STREET, SUITE 202<br>City: FORT LAUDERDALE FL Zip Code: 33309 |

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 _____ LEIGH C. KATZMAN, ESQ. 05-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $297.50**

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>EGOZI, MOISES<br>2414 CORAL WAY SUITE 201<br>MIAMI, FL 33145 | ☐ Delete | DP<br>EGOZI, MOISES<br>6840 NOVA DRIVE<br>DAVIE, FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>VALLEJO IREGUI, JUAN PABLO<br>2414 CORAL WAY SUITE 201<br>MIAMI, FL 33145 | ☐ Delete | DVP<br>VALLEJO IREGUI, JUAN PABLO<br>6840 NOVA DRIVE<br>DAVIE, FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>EGOZI, MARIO<br>2414 CORAL WAY SUITE 201<br>MIAMI, FL 33145 | ☐ Delete | DST<br>EGOZI, MARIO<br>6840 NOVA DRIVE<br>DAVIE, FL 33317 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | 600130998826<br>06/06/08--01028--003 **297.50 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** _____ 5/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #