

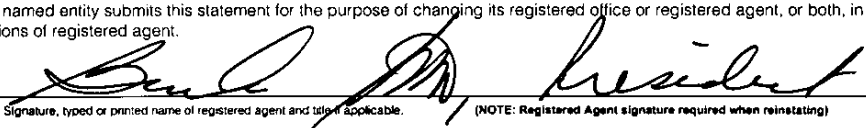
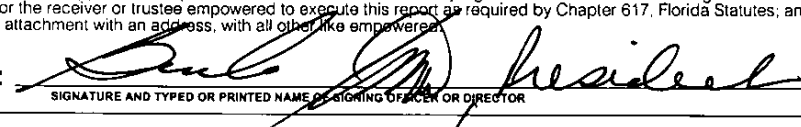


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 2:12

DOCUMENT # N06000013007					
1. Entity Name THE PRESERVE AT BOYNTON BEACH MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 212 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134			Mailing Address 212 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008 REIN-NP CR2E099 (1/07)	
City & State		City & State		4. FEI Number 20-8274412	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDONOUGH, BRIAN J 150 W. FLAGLER ST., SUITE 2200 MIAMI, FL 33130				Name BARBARA BEGURISTAIN, PRES. OF ENTITY Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD. PENTHOUSE City CORAL GABLES FL Zip Code 33134	
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 4-7-08	
Signature, typed or printed name of registered agent and title 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 D NAME ADAMS, BRUCE STREET ADDRESS 212 PONCE DE LEON BLVD., PH CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE OST NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SHANNON, KARR STREET ADDRESS 212 PONCE DE LEON BLVD., PH CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE OP NAME BARBARA BEGURISTAIN STREET ADDRESS 2121 PONCE DE LEON BLVD. CITY-ST-ZIP PENTHOUSE CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GREENBERG, KIM STREET ADDRESS 212 PONCE DE LEON BLVD., PH CITY-ST-ZIP CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE OV NAME MAX CRUZ STREET ADDRESS 2121 PONCE DE LEON BLVD. CITY-ST-ZIP PENTHOUSE CORAL GABLES, FL 33134	<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	<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	
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: 				DATE 4-7-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #	