

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR -9 PM 1:51

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04/09/08--01003--021 \*\*297.50



<b>DOCUMENT # N06000013038</b> 1. Entity Name <b>THE PRESERVE AT BOYNTON BEACH 14 CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134</b>			Mailing Address <b>2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8275568</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STEARNS WEAVER MILLER WEISSLER ALHADEF &amp; S 150 W. FLAGLER ST., STE. 2200 ATTN: BRIAN J. MCDONOUGH MIAMI, FL 33130</b>			Name <b>BARBARA BEGUIRISTAIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 PONCE DE LEON BLVD. PENTHOUSE</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</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 Signature, typed or printed name of registered agent and title if applicable <b>BARBARA BEGUIRISTAIN, PRESIDENT</b>				DATE <b>4-7-08</b>	
<b>FILE NOW!!! FEE IS \$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 ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHANNON, KARR 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARBARA BEGUIRISTAIN 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GREENBERG, KIM 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAX CRUZ 2121 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134	
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	REINSTATEMENT 01-08	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>BARBARA BEGUIRISTAIN, PRESIDENT</b>				Date <b>4-7-08</b>	
				Daytime Phone # <b>305/443-8288</b>	