## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N07000008136

FILED Nov 04, 2009 Secretary of State

Certificate of Status Desired (X)

Entity Name: 10295 COLLINS AVENUE, HOTEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

24301 WALDEN CENTER DRIVE 10295 COLLINS AVENUE

SUITE 300 BAL HARBOUR, FL 33154 US BONITA SPRINGS, FL 34134 US

Current Mailing Address: New Mailing Address:

FEI Number Applied For ( )

8409 NO. MILITARY TRL, STE 123 10295 COLLINS AVENUE C/O CHERRY EDGAR & SOUTH, PA BAL HARBOUR, FL 33154 US

PALM BEACH GARDENS, FL 33410 US

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AREVALO, JORGE E PRES 10295 COLLINS AVENUE BAL HARBOUR, FL 33154 US

FEI Number Not Applicable ( )

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.

SIGNATURE: JORGE E. AREVALO 11/04/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

FEI Number: 75-3250908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 PATRIZIO, MICHAEL
 Name:
 AREVALO, JORGE E D

 Address:
 24301 WALDEN CENTER DRIVE
 Address:
 10295 COLLINS AVENUE

 City-St-Zip:
 BONITA SPRINGS, FL 34134 US
 City-St-Zip:
 BAL HARBOUR, FL 33154 US

Title: STD ( ) Delete Title: D (X) Change ( ) Addition

Name:TIEBOUT-TOURON, MARCIENNEName:AREVALO, JUAN C DAddress:24301 WALDEN CENTER DRIVEAddress:10295 COLLINS AVENUECity-St-Zip:BONITA SPRINGS, FL 34134 USCity-St-Zip:BAL HARBOUR, FL 33154 US

Title: VD ( ) Delete Title: D (X) Change ( ) Addition

Name:PERTCHIK, JONATHANName:DANIELS, GARY DAddress:24301 WALDEN CENTER DR, STE 300Address:10295 COLLINS AVENUECity-St-Zip:BONITA SPRINGS, FL 34134City-St-Zip:BAL HARBOUR, FL 33154 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE E. AREVALO D 11/04/2009