

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
09 MAR 17 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N07000012200</b> 1. Entity Name <b>OCEAN PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>4215 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487</b>			Mailing Address <b>4215 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>19 SOUTH SWINTON AVE Suite, Apt. #, etc. DEL RAY BEACH, FL</b>			
City & State		City & State		4. FEI Number <b>26-4370668</b>	
Zip <b>33444</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PERRICONE, STEVEN 7321 BELLE MEADE ISLAND DR. MIAMI, FL 33132</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				3.1.2009 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRICONE, STEVEN 7321 BELLE MEADE ISLAND DR. MIAMI, FL 33132	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200145989552 03/17/09--01008--005 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FOREMAN, JAY 898 NE 79 ST. BOCA RATON, FL 33487	<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	DST JONES, RICHARD 4215 S. OCEAN BLVD. HIGHLAND BEACH, FL 33487	<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
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:				3.1.2009	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	