2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12154

FILED Oct 01, 2007 Secretary of State

Entity Name: CALUSA CLUB VILLAGE CONDOMINIUM BLDG. C NORTH ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE

ALL FLORIDA MANAGEMENT COMPANY 9415 SUNSET DRIVE SUITE 149

MIAMI, FL 33173

MIAMI, FL 33186

Current Mailing Address:

New Mailing Address:

C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE

ALL FLORIDA MANAGEMENT COMPANY

9415 SUNSET DRIVE SUITE 149 MIAMI, FL 33186

MIAMI, FL 33173

FEI Number: 65-0092119

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIAY, CARLOS 3750 NW 87TH AVE MIAMI, FL 33178

MELONI, EDOARDO 900 S.W. 40TH AVENUE MIAMI, FL 33317

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: EDOARDO MELONI

10/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

FELIX, OLGA Name:

Address:

13250 SW 88 TERRACE, #202

City-St-Zip: MIAMI, FL 33186

Title: TD () Delete

ROGERS, PAUL Name:

Address: 13250 SW 88 TERRACE, #402

City-St-Zip: MIAMI, FL 33186

Title: () Delete CARR, CATHY Name: 14275 SW 142 AVE. Address:

City-St-Zip: MIAMI, FL 33186 (X) Change () Addition

FELIX, OLGA Name:

Address: 9415 SUNSET DRIVE SUITE 149

City-St-Zip: MIAMI, FL 33173

Title: (X) Change () Addition

Name: LOPEZ, MARTHA I

Address: 9415 SUNSET DRIVE SUITE 149

City-St-Zip: MIAMI, FL 33173

Title: (X) Change () Addition

Name: SANTIESTEBAN, JOANN Address: 9415 SUNSET DRIVE SUITE 149

City-St-Zip: MIAMI, FL 33173

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: OLGA FELIX PD 10/01/2007