

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N33281

FILED
Oct 18, 2004
Secretary of State**Entity Name:** NORTHWEST COMMUNITIES DEVELOPMENT PARTNERSHIP, INC.**Current Principal Place of Business:**777 S FLAGLER DR
SUITE 800 W
WEST PALM BEACH, FL 33401 US**New Principal Place of Business:****Current Mailing Address:**777 S FLAGLER DR
SUITE 800 W
WEST PALM BEACH, FL 33401 US**New Mailing Address:****FEI Number:** 65-0132483 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS INC
526 EAST PARK AVE
TALLAHASSEE, FL 32301 US**Name and Address of New Registered Agent:**STANLEY, RICHARDSON J
777 S. FLAGLER DR.
SUITE 800W
WEST PALM BEACH, FL 33401 US

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: STANLEY J. RICHARDSON

10/18/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: KINSEY-SCOTT, CASSANDRA
Address: 715 DOUGLAS AVE
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** TD (X) Delete
Name: BROWN, HOWARD
Address: 4521 DISCOVERY APT #1
City-St-Zip: WEST PALM BEACH, FL 33417**Title:** CD (X) Delete
Name: RICHARDSON, STANLEY
Address: 777 S FLAGLER 800 W
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** SD (X) Delete
Name: MCRARY, CLIFF
Address: 827 SECOND STREET
City-St-Zip: WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: STANLEY, RICHARDSON J
Address: 777 S FLAGLER 800 W
City-St-Zip: WEST PALM BEACH, FL 33401**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STANLEY J. RICHARDSON

PD

10/18/2004

Electronic Signature of Signing Officer or Director

Date