

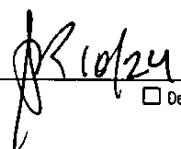


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N46886</b> 1. Entity Name <b>ADDISON ESTATES HOMEOWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 OCT 18 AM 10:23</b> COUNTY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>464 ADDISON PARK LANE</b> <b>BOCA RATON, FL 33432 US</b>				Mailing Address <b>464 ADDISON PARK LANE</b> <b>BOCA RATON, FL 33432 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6352 Shadow Creek Village Circle</b> Suite, Apt. #, etc.					
City & State		City & State <b>Lake Worth, Florida</b>		4. FEI Number <b>65-0305839</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33463</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		10152006 REIN-NP CR2E099 (11/05) <b>06</b>			
6. Name and Address of Current Registered Agent  <b>HRAWG CORP.</b> <b>1801 N. MILITARY TRAIL</b> <b>SUITE 200</b> <b>BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name <b>RAM Realty Group, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6352 Shadow Creek Village Circle</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33463</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 <u><b>Kenneth E. Forman, Prop Mgr</b></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u><b>10-14-06</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	VPD WEXELMAN, NORMAN <input checked="" type="checkbox"/> Delete 494 ADDISON PARK LANE BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Ezagui, Juliette <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 452 Addison Park Lane Boca Raton, FL 33432		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, GENEVIEVE <input type="checkbox"/> Delete 422 ADDISON PARK LN BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600080957666</b> <b>10/18/06--01034--017 **61.25</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LEHMAN, BARRY A DR <input checked="" type="checkbox"/> Delete 1928 THATCH PALM DR BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUCCOLO, ANTHONY <input type="checkbox"/> Delete 458 ADDISON PARK LN BOCA RATON, FL 33432			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: <u><b>ANTHONY CUCCOLO</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u><b>10-14-06</b></u> Daytime Phone # <u><b>561-963-5719</b></u>			