

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -3 PM 12: 57



11182004 REIN-NP CR2E099 (6/04)

DOCUMENT # N96000005693 1. Entity Name CHULA VISTA ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O ERNEST LONG 2065 SW 28TH TERRACE FORT LAUDERDALE, FL 33312			Mailing Address C/O ERNEST LONG 2065 SW 28TH TERRACE FORT LAUDERDALE, FL 33312		
2. Principal Place of Business Albert Miller Suite, Apt. #, etc. 1980 SW 28th Terrace City & State Fort Lauderdale FL Zip 33312		3. Mailing Address Albert Miller Suite, Apt. #, etc. 1980 SW 28th Terrace City & State Fort Lauderdale FL Zip 33312		4. FEI Number 65-0820883	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ALBERT IV 1980 S.W. 28TH TERRACE FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: Albert Miller President 11/18/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ALBERT IV 1980 SW 28TH TERRACE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATALE, MICHAEL A 2096 S.W. 28 WAY FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN VALKANBURG, DEBORAH 1811 S.W. 29 AVE. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIAMPI, LENNY 2832 S.W. 14 ST. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOLK, KAY 1673 SW 29TH AVE FT. LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Craig Bonney 1854 SW 28th Way Ft Lauderdale FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify 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 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: Albert Miller 11/18/2004 (954) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY</small>					

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