

**2004 NOT-FOR-PROFIT CORPORATION  
REINSTATEMENT**

**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*

3. Mailing Address  
*Albert Miller*

Suite, Apt. #, etc.  
1980 SW 28TH Terrace

Suite, Apt. #, etc.  
1980 SW 28TH Terrace

City & State  
Fort Lauderdale FL

City & State  
Fort Lauderdale FL

Zip  
33312

Country  
U.S.

Zip  
33312

Country  
U.S.

11182004 REIN-NP CR2E099 (6/04)

4. FEI Number  
65-0820883

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*Albert Miller President* 11/18/2004

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MILLER, ALBERT IV<br>1980 SW 28TH TERRACE<br>FT. LAUDERDALE, FL 33312    | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 0000043169310<br>12/03/04-01032--003 *\$61.25                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NATALE, MICHAEL A<br>2096 S.W. 28 WAY<br>FORT LAUDERDALE, FL 33312       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VAN VALKANBURG, DEBORAH<br>1811 S.W. 28 AVE.<br>FT. LAUDERDALE, FL 33312 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHIAMPI, LENNY<br>2832 S.W. 14 ST.<br>FT. LAUDERDALE, FL 33312           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>STOLK, KAY<br>1673 SW 29TH AVE<br>FT. LAUDERDALE, FL 33312               | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>Craig Bonney<br/>1859 SW 28TH Way Ft Lauderdale FL 33312</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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 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:

11/18/2004

(954)

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(213 ad)