

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000003820

FILED
Sep 27, 2006
Secretary of State

Entity Name: THE DISTRICT VIII COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

17300 ARVIDA PARKWAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

17300 ARVIDA PARKWAY
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-0847258 **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:

PERKIN, M J
C/O DISTRICT VIII COMMUNITY COUNCIL
17300 ARVIDA PARKWAY
WESTON, FL 33326 US

Name and Address of New Registered Agent:

COHEN, KARL
C/O DISTRICT VIII COMMUNITY COUNCIL
17300 ARVIDA PARKWAY
WESTON, FL 33326 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: KARL COHEN

09/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERKIN, MJ
Address: 70R HERITAGE DR
City-St-Zip: WESTON, FL 33326

Title: TD () Delete
Name: PURISEN, ARTHUR
Address: 2464 BAY 156 E CT
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GRIMSON, BARRY
Address: 1043 LAGUNA SPRINGS DR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: MAZOR, J.
Address: 1341 HARBOURSIDE DR.
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: PORITZKY, SANDOR
Address: 2539 BAY POINTE DR.
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COHEN, KARL
Address: 15230 WILSHIRE CIRCLE SOUTH
City-St-Zip: PEMBROKE PINES, FL 027

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: KARL COHEN

PD

09/27/2006

Electronic Signature of Signing Officer or Director

Date