

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000120194

FILED
Aug 04, 2006
Secretary of State

Entity Name: TERRACES OF THE ISLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14411 COMMERCE WAY SUITE 320
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

14411 COMMERCE WAY SUITE 320
MIAMI, FL 33016

New Mailing Address:

FEI Number: 20-1524609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACK, JONATHAN R
14411 COMMERCE WAY SUITE 320
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

E-CONSULTING INCORPORATED
16300 NE 19 AVENUE
SUITE 215
N MIAMI BEACH, FL 33162 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: MICHAEL LAWRENCE

08/04/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENDERSON, ROBERT
Address: 14411 COMMERCE WAY SUITE 320
City-St-Zip: MIAMI, FL 33016

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HENDERSON, ROBERT
Address: 14411 COMMERCE WAY SUITE 320
City-St-Zip: MIAMI, FL 33016

Title: VP () Change (X) Addition
Name: PADUANO, ROBERT
Address: 14411 COMMERCE WAY SUITE 320
City-St-Zip: MIAMI, FL 33016

Title: VP () Change (X) Addition
Name: JOHNSON, GWENDOLYN
Address: 14411 COMMERCE WAY SUITE 320
City-St-Zip: MIAMI, FL 33016

Title: S () Change (X) Addition
Name: RUSHIN, LYNDIA
Address: 14411 COMMERCE WAY SUITE 320
City-St-Zip: MIAMI, FL 33016

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT JOHNSON

P

08/04/2006

Electronic Signature of Signing Officer or Director

Date