

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00820

FILED  
Sep 27, 2006  
Secretary of State

Entity Name: A.R.G. CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

851 MILES AVE.  
#30  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

221 WALTON HEATH DRIVE  
ORLANDO, FL 32828 US

## Current Mailing Address:

851 MILES AVE.  
#30  
WINTER PARK, FL 32789 US

## New Mailing Address:

221 WALTON HEATH DRIVE  
#30  
ORLANDO, FL 32828 US

FEI Number: 59-2578287      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:

TACNER, JENNIFER  
851 MILES AVE # 27  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

PALMER, BETH  
221 WALTON HEATH DRIVE  
ORLANDO, FL 32828 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: BETH PALMER

09/27/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RONNICK, RICHARD  
Address: 851 MILES AVE, UNIT # 14  
City-St-Zip: WINTER PARK, FL 32789

Title: P ( ) Delete  
Name: COWARD, JAMES  
Address: 851 MILES AVE, UNIT #4  
City-St-Zip: WINTER PARK, FL 32789

Title: DP ( ) Delete  
Name: TACHER, JENNIFER  
Address: 704 RAYMOND CIR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: FISHER, LINDA  
Address: 851 MILES AVE #15  
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete  
Name: JONES, MITCHELL  
Address: 14474 JAMAICA DOGWOOD DR  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JAMES COWARD

P

09/27/2006

Electronic Signature of Signing Officer or Director

Date