2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 04, 2008
Secretary of State

DOCUMENT# N03000007457

Entity Name: ALCAZAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3025 GROVEWOOD COURT
BOX 7
TAMPA, FL 336298895

New Principal Place of Business:

Current Mailing Address:

3025 GROVEWOOD COURT
BOX 7
TAMPA, FL 336298895

New Mailing Address:

FEI Number: 54-2104593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTERWEIL, DAVID
3025 GROVEWOOD COURT
BOX 7
TAMPA, FL 336298845 US

Name and Address of New Registered Agent:

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: DAVID OSTERWEIL

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OSTERWEIL, DAVID
Address: 3025 GROVEWOOD CT UNIT A
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete
Name: CORDON, MELISSA
Address: 3025 WEST GROVEWOOD COURT, UNIT E
City-St-Zip: TAMPA, FL 33629

Title: S ( ) Delete
Name: PETERS, MARCI
Address: 3025 WEST GROVEWOOD COURT, UNIT C
City-St-Zip: TAMPA, FL 33629

Title: D (X) Delete
Name: REEES, KEVIN
Address: 3025 GR0VEWOOD COURT, UNIT D
City-St-Zip: TAMPA, FL 33629

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:

I hereby certify that the information supplied with this filing does not qualify 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: MELISSA CORDON T 11/04/2008

Electronic Signature of Signing Officer or Director — Date