2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2009
Secretary of State

DOCUMENT# 730066

Entity Name: ONE WATERGATE ASSOCIATION, INC.

Current Principal Place of Business:

1111 N. GULFSTREAM AVENUE #1E
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1111 N. GULFSTREAM AVENUE #1E
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-1540946 **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:

FARR, JANIS K
1111 N. GULFSTREAM AVENUE
#1-B
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

ROWLANDS, TERESA L
1111 N. GULFSTREAM AVENUE
#1-E
SARASOTA, FL 34236 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: TERESA L.ROWLANDS 11/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LEVIN, ARTHUR
Address: 1111 N. GULFSTREAM AVENUE, #3-B
City-St-Zip: SARASOTA, FL 34236

Title: P ( ) Delete
Name: SILVERMAN, ELLIOT S
Address: 1111 N GULFSTREAM AVE #9-D
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: ZIPPERT, IRA
Address: 1111 N. GULFSTREAM AVENUE, #14-D
City-St-Zip: SARASOTA, FL 34236

Title: S ( ) Delete
Name: DECKER, ROBERT
Address: 1111 N GULFSTREAM AVE # 12-B
City-St-Zip: SARASOTA, FL 34236

Title: VP ( ) Delete
Name: JAMIESON, ROBERT
Address: 1111 GULFSTREAM AVE, #18-B
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: WILHELM, JOHN III
Address: 1111 N GULFSTREAM AVE # 7-D
City-St-Zip: SARASOTA, FL 34236

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:

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: ELLIOT S. SILVERMAN P 11/24/2009
Electronic Signature of Signing Officer or Director Date