

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 JAN 16 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766406

1. Entity Name
VIRGINIA HEIGHTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1304 S PENNSYLVANIA AVE.
WINTER PARK, FL 32789

Mailing Address
~~P.O. BOX 17754~~ 1304 S. PENNSYLVANIA AVE
WINTER PARK, FL 32789

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01102008 REIN-NA CR2E099 (1/07)

4. FEI Number
59-2354474

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALCOMB, BONNIE
1304 S PENNSYLVANIA AVE.
WINTER PARK, FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HALCOMB, BONNIE
STREET ADDRESS 1304 S PENNSYLVANIA AVE.
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE PD
NAME COURTNEY VAN DYKE
STREET ADDRESS 1302 S. PENNSYLVANIA AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE VPD
NAME LUPO, AGGIE
STREET ADDRESS 519 PK NORTH CT
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE TD
NAME BONNIE HALCOMB
STREET ADDRESS 1304 S. PENNSYLVANIA AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ Change ☐ Addition

TITLE TD
NAME LUPO, THOMAS
STREET ADDRESS 519 PARK NORTH COURT
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE VPD
NAME LAUREN ALRES
STREET ADDRESS 1308 S. PENNSYLVANIA AVE
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition

TITLE SD
NAME LUPO, AGGIE
STREET ADDRESS 519 PARK NORTH COURT
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

000115311670
01/16/08-01037-002 **122.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/08 (407) 303-2440

1182