
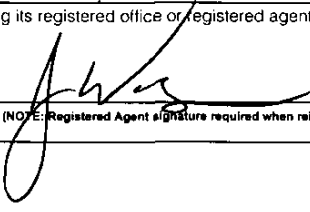
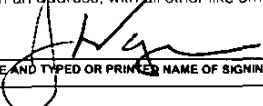


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 JAN -5 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N01000000751</b> 1. Entity Name <b>KING DAVID CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 US</b>			Mailing Address <b>2901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WAGNER, JOHN 2901 NORTH FEDERAL HIGHWAY BOCA RATON, FL 33431</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <b>JOHN WAGNER</b>		 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>1/4/07</b>	
<b>FILE NOW!!! FEE IS \$297.50</b>		Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GROSS, LEONARD 7100 N CAMINO REAL STE 402 BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JOHN WAGNER 2901 North Federal Highway BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BLOOM, ASHLEY 7100 N CAMINO REAL STE 402 BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WILLIAM POLIDORO 2901 NORTH FEDERAL Highway BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>300084093688</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>01/12/07--01003--016 **306.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date <b>1/4/07</b> Daytime Phone # <b>561-750-9874</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					