

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000000575 1. Entity Name DP CONDOMINIUM ASSOCIATION, INC.				FILED 06 SEP 14 PM 3:33 CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE, FLORIDA	
Principal Place of Business 501 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169		Mailing Address 501 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169			
2. Principal Place of Business 423 S. Atlantic		3. Mailing Address c/o Ruby Management Inc. 425 S. Atlantic Ave			
Suite, Apt. #, etc. City & State New Smyrna Beach, FL		Suite, Apt. #, etc. City & State New Smyrna Beach, FL			
Zip 32169		Country USA		4. FEI Number APPLIED FOR 20-526845	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent THORNHILL, ESTHER 6104 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169		7. Name and Address of New Registered Agent Name: Donna Ruby Street Address (P.O. Box Number is Not Acceptable): 425 S Atlantic Ave City: New Smyrna Bch FL Zip Code: 32169			
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: <u>Donna Ruby</u> <u>Donna Ruby</u> DATE: <u>9-12-06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D THORNHILL, CLAUDE 6104 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000079940490 09/19/06--01017--013 **122.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGGS, CHARLES B JR 6104 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNHILL, ESTHER E 6104 SOUTH ATLANTIC AVE NEW SMYRNA BEACH, FL 32169	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Charles B. Boggs</u> <u>CHARLES B. BOGGS JR</u> DATE: <u>9-12-06</u> <small>SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					