

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1092


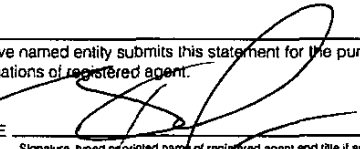
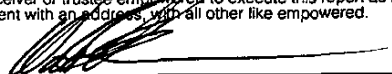
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06 JAN 12 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05



DOCUMENT # N03000001444			
1. Entity Name SOUTHERN COMMUNITY CENTER CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5100 CLYDE MORRIS BLVD STE 100 PORT ORANGE, FL 32128		Mailing Address 5100 CLYDE MORRIS BLVD STE 100 PORT ORANGE, FL 32128	
2. Principal Place of Business		3. Mailing Address Corporate Facilities 38 Fountain Square Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MD 10ATA1	
City & State		City & State Cincinnati, OH	
Zip	Country	Zip	Country
45263	US	45263	US
4. FEI Number 03-0513370		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROCK, JEFFREY P 444 SEADREEZE BL STE 000 DAYTONA BCH, FL 32110		Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee FL Zip Code 32301	
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 		Brian Courtney Asst. V. Pres. DATE 1/12/06	
FILE NOW!! FEE IS \$61.25 After January 1, 2006, Fee will be \$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	PE <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARGAN, THOMAS	NAME	William A. White
STREET ADDRESS	444 SEADREEZE BL STE 000	STREET ADDRESS	200 E. Robinson St., 8th FL, MD MBLE8B
CITY - ST - ZIP	DAYTONA BCH, FL 32110	CITY - ST - ZIP	Orlando, FL 32801
TITLE	PE <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAZRAEE, ARAM	NAME	William J. Moran
STREET ADDRESS	1951 S CREEK BL	STREET ADDRESS	38 Fountain Sq. Plaza, MD 10ATA1
CITY - ST - ZIP	PORT ORANGE, FL 32128	CITY - ST - ZIP	Cincinnati, OH 45263
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mark Jaconette
STREET ADDRESS		STREET ADDRESS	38 Fountain Sq. Plaza, MD 10ATA1
CITY - ST - ZIP		CITY - ST - ZIP	Cincinnati, OH 45263
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	600063557586
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/9/06 Daytime Phone # 407-999-3056	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
REFERENCE : 807924 7146487
AUTHORIZATION [Signature]
COST LIMIT : \$ 236.25

ORDER DATE : January 12, 2006
ORDER TIME : 9:50 AM
ORDER NO. : 807924-005
CUSTOMER NO: 7146487

DOMESTIC FILINGS

NAME: SOUTHERN COMMUNITY CENTER
CONDOMINIUM ASSOCIATION, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____

RECEIVED
06 JAN 12 AM 10:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA