

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000008097

FILED
Mar 20, 2009
Secretary of State

Entity Name: 1324 SEMINARY STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7 COCONUT DR.
KEY WEST, FL 33040

New Principal Place of Business:

1448 KENNEDY DR.
KEY WEST, FL 33040 US

Current Mailing Address:

7 COCONUT DR.
KEY WEST, FL 33040

New Mailing Address:

1448 KENNEDY DR.
KEY WEST, FL 33040 US

FEI Number: 20-1509641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, ALBERT L
926 TRUMAN AVE.
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: ALBERT L. KELLEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HENSON, TROY
Address: 7 COCONUT DR.
City-St-Zip: KEY WEST, FL 33040

Title: VD () Delete
Name: FAIRCHILD, BRIAN
Address: P.O. BOX 626
City-St-Zip: ROCHESTER, IL 62563

Title: STD () Delete
Name: HENSON, HEATHER
Address: 7 COCONUT DR.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENSON, HEATHER
Address: 1448 KENNEDY DR.
City-St-Zip: KEY WEST, FL 33040 US

Title: VD (X) Change () Addition
Name: FAIRCHILD, BRIAN
Address: P.O. BOX 626
City-St-Zip: ROCHESTER, IL 62563 US

Title: STD (X) Change () Addition
Name: FAIRCHILD, MARY
Address: P.O. BOX 626
City-St-Zip: ROCHESTER, IL 62563 US

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: HEATHER HENSON

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date