## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000008234

FILED Jun 28, 2006 Secretary of State

Entity Name: JOSEPHINE STREET CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business: New Principal Place of Business:

1509 JOSEPHINE ST 1509 JOSEPHINE ST

KEY WEST, FL 33040 KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

1509 JOSEPHINE ST 444 N MAIN ST

KEY WEST, FL 33040 HUBBARD, OH 44425 US

FEI Number: 20-5104540 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRESPO, DAN MARSH, JAMES P 1509 JOSEPHINE ST 1509 JOSEPHINE ST

KEY WEST, FL 33040 US KEY WEST, FL 33040 US

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: JAMES P MARSH 06/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 CRESPO, DAN
 Name:
 MARSH, JAMES P

 Address:
 1509 JOSEPHINE ST
 Address:
 444 N MAIN ST

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: HUBBARD, OH 44425 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CRESPO, BARBARA
 Name:

 Address:
 1509 JOSEPHINE ST
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 THOMPSON, DEAN
 Name:

 Address:
 1509 JOSEPHINE ST
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P MARSH D 06/28/2006