

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009230

FILED
Jan 30, 2008
Secretary of State

Entity Name: 419 WILLIAM STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

515 N FLAGLER DR 6 FLOOR
W PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

515 N FLAGLER DR 6 FLOOR
W PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 27-0106839 **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:

DANIELS, STEVEN L
515 N FLAGLER DR 6 FLOOR
W PALM BEACH, FL 33401 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: STEVEN DANIELS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GIACUMBO, GENE
Address: 3720 PAULA AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: DVS (X) Delete
Name: SUBLETT, RANDOLPH
Address: 3720 PAULA AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: DT (X) Delete
Name: AYERS, DEBRA L
Address: 3720 PAULA AVE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GIACUMBO, GENE
Address: 3608 DUCK AVENUE
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GENE GIACUMBO

DP

01/30/2008

Electronic Signature of Signing Officer or Director

Date