

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 27, 2005
Secretary of State**

DOCUMENT# N04000010194

Entity Name: 59TH STREET BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

413 PINE AVENUE
ANNA MARIA, FL

New Principal Place of Business:

7447 ARLINGTON AVENUE NW
MASSILLON, OH 44646

Current Mailing Address:

413 PINE AVENUE
ANNA MARIA, FL

New Mailing Address:

7447 ARLINGTON AVENUE NW
MASSILLON, OH 44646

FEI Number: 20-2503443 **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:

KIMBALL, MARK LEWIS
413 PINE AVENUE
ANNA MARIA, FL 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: MARK LEWIS KIMBALL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: KIMBALL, MARK LEWIS
Address: PO BOX 1344
City-St-Zip: ANNA MARIA, FL 34216

Title: D () Delete
Name: PURETT, SANDEE
Address: PO BOX 1344
City-St-Zip: ANNA MARIA, FL 34216

Title: D () Delete
Name: KIMBALL, MORGAN
Address: PO BOX 1344
City-St-Zip: ANNA MARIA, FL 34216

Title: T (X) Delete
Name: KIMBALL, MORGAN
Address: PO BOX 1344
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: SCHREINER, MICHAEL
Address: 7447 ARLINGTON AVENUE NW
City-St-Zip: MASSILLON, OH 44646

Title: D (X) Change () Addition
Name: SCHREINER, BRENDA
Address: 7447 ARLINGTON AVENUE NW
City-St-Zip: MASSILLON, OH 44646

Title: D (X) Change () Addition
Name: BYRNE, RICHARD
Address: PO BOX 1247
City-St-Zip: HOLMES BEACH, FL 34217

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL SCHREINER

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09/27/2005

Electronic Signature of Signing Officer or Director

Date