

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04069

1. Entity Name
THE KAHLER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3225 ST JOHN AVENUE
JACKSONVILLE, FL 32205 US

Mailing Address
3225 ST. JOHNS AVE.
APT D
JACKSONVILLE, FL 32205

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11132008 REIN-NP CR2E099 (1/07)

4. FEI Number
59-2429840

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, AMY
3225 ST. JOHNS AVENUE
UNIT 1
JACKSONVILLE, FL 32205

Name BAILET, WINIFRED
Street Address (P.O. Box Number is Not Acceptable)
3225 ST JOHNS AVENUE
UNIT D
City JACKSONVILLE FL Zip Code 32205

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 *Winifred G. Bailet*

11/13/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, 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 PD
NAME MILLER, AMY
STREET ADDRESS 3225 ST JOHNS AVE. UNIT C
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE AD
NAME WINIFRED BAILET
STREET ADDRESS 3225 ST JOHNS AVE. UNIT D
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☒ Addition

TITLE TD
NAME COACESHA, KATHRYN U
STREET ADDRESS 3225 ST. JOHNS AVE UNIT E
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE T
NAME GALLACHER, THOMAS
STREET ADDRESS 3225 ST JOHNS AVE, UNIT F
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☐ Addition

TITLE VP
NAME POLEUSTE, MARTON
STREET ADDRESS 3225 ST JOHNS AVE. UNIT F
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE V/D
NAME MONROE, MARY
STREET ADDRESS 3225 ST JOHNS AVE, UNIT C
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☐ Addition

TITLE S
NAME BOOTH, SUZY
STREET ADDRESS 3225 ST. JOHNS AVE #B
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☐ Delete

TITLE S/D
NAME BOOTH, SUZY
STREET ADDRESS 3225 ST JOHNS AVE, UNIT B
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Change ☒ Addition

TITLE D
NAME BARLET, ALBERT
STREET ADDRESS 3225 ST. JOHNS AVE. UNIT D
CITY-ST-ZIP JACKSONVILLE, FL 32205 ☒ Delete

TITLE
NAME
STREET ADDRESS 900138239449
CITY-ST-ZIP 11/24/08--01061--010 **\$1.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Winifred G. Bailet* WINIFRED G. BAILET 11/13/08 904-388-9945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/08