

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000725

FILED  
Jul 19, 2007  
Secretary of State

**Entity Name:** MARIPOSA CONDOMINIUM OF KEY WEST, INC.

**Current Principal Place of Business:**

1012 TRUMAN AVE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1012 TRUMAN AVE  
KEY WEST, FL 33040

**New Mailing Address:**

19688 DATE PALM DR  
SUMMERLAND KEY, FL 33042

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

SIEGRIST, MICHAEL  
1012 TRUMAN AVE  
KEY WEST, FL 33040 US

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

SIEGRIST, MICHAEL  
19688 DATE PALM DR.  
SUMMERLAND KEY, FL 33042 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: MICHAEL SIEGRIST

07/19/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIEGRIST, MICHAEL  
Address: 1012 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: SIEGRIST, NOA  
Address: 1012 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MENESEST, SUSAN  
Address: 1012 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: MENESES, SUSAN  
Address: 1012 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

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: MICHAEL SIEGRIST

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07/19/2007

Electronic Signature of Signing Officer or Director

Date