

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001086

FILED
Dec 11, 2009
Secretary of State

Entity Name: DEARLINGER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

110 BEACH ROAD
UNIT 102
SIESTA KEY, FL 34242

New Principal Place of Business:

Current Mailing Address:

110 BEACH ROAD
UNIT 102
SIESTA KEY, FL 34242

New Mailing Address:

FEI Number: 20-2320379 **FEI Number Applied For ()** **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:

Name and Address of New Registered Agent:

ESSLINGER, ROGER
110 BEACH ROAD
UNIT 102
SIESTA KEY, FL 34242 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: ROGER W. ESSLINGER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DEAR, RICHARD
Address: PO BOX 2383
City-St-Zip: SARASOTA, FL 34230

Title: VP () Delete
Name: ESSLINGER, ROGER
Address: 181 ELMWOOD AVE
City-St-Zip: E AURORA, NY 14062

Title: S (X) Delete
Name: ESSLINGER, ARLENE
Address: 181 ELMWOOD AVE
City-St-Zip: E AURORA, NY 14062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ESSLINGER, ROGER
Address: 110 BEACH ROAD #192
City-St-Zip: SARASOTA, FL 34242 US

Title: S (X) Change () Addition
Name: ESSLINGER, ARLENE
Address: 110 BEACH ROAD 192
City-St-Zip: SARASOTA, FL 34242 US

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: ROGER W. ESSLINGER

PT

12/11/2009

Electronic Signature of Signing Officer or Director

Date