

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000003928

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** EUROPEAN VILLAGE GARAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

**New Principal Place of Business:**

101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137

**Current Mailing Address:**

POB 354674  
PALM COAST, FL 32135

**New Mailing Address:**

PO BOX 2629  
BUNNELL, FL 32110

**FEI Number:** 20-3303633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROEHR, CLAUS-PETER  
1 PALM HARBOR PARKWAY  
PALM COAST, FL 32137 US

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

ALEXANDERSON, JOHN  
101 PALM HARBOR PARKWAY  
PALM COAST, FL 32137 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: JOHN ALEXANDERSON

02/27/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROEHR, CLAUS-PETER  
Address: 1 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: DV ( ) Delete  
Name: ALONSO, FIDEL  
Address: 1 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: DST ( ) Delete  
Name: ROEHR, GABRIELLA  
Address: 101 PALM HARBOR PKWY  
City-St-Zip: PALM COAST, FL 32137

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

Title: DP (X) Change ( ) Addition  
Name: ALEXANDERSON, JOHN  
Address: 101 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: DV (X) Change ( ) Addition  
Name: MISTIE, MARK  
Address: 101 PALM HARBOR PARKWAY  
City-St-Zip: PALM COAST, FL 32137

Title: DST (X) Change ( ) Addition  
Name: SAVAGE, CRAIG  
Address: 101 PALM HARBOR PKWY  
City-St-Zip: PALM COAST, FL 32137

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: JOHN ALEXANDERSON

DP

02/27/2008

Electronic Signature of Signing Officer or Director

Date