


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 10:33

DOCUMENT # N05000006614 1. Entity Name HAYS STREET CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1983 CENTRE PT BLVD STE 200 TALLAHASSEE, FL 32308				Mailing Address 1983 CENTRE PT BLVD STE 200 TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4702 Inisheer Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tallahassee, FL			
Zip	Country	Zip 32309	Country	4. FEI Number 13-4343173	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUILDAY, THOMAS J 1983 CENTRE PT BLVD STE 200 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Thomas J. Guilday</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/7/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, PHILIP N JR. 4702 INISHEER CT LVD STE 200 TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUILDAY, THOMAS J 1983 CENTRE POINTE BLVD STE 200 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUILDAY, THOMAS A 3122 CAMILLIAWOOD CIR W TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 <u>Philip N. Webb Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
DATE <u>30 Jan 08</u> <small>Daytime Phone #</small>			524-4703		

[Handwritten signature]



01302008 REIN-NP CR2E099 (1/07)

4. FEI Number 13-4343173 Applied For Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

REINSTATEMENT 09-08

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