

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010595

FILED
Dec 07, 2006
Secretary of State

Entity Name: AZALEA PARK DOWNTOWN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

747 SE 2ND PLACE
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

747 SE 2ND PLACE
GAINESVILLE, FL 32601

New Mailing Address:

P.O. BOX 1116
GAINESVILLE, FL 32602

FEI Number: 20-4644898 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

JOSE M. LUIS, P.A.
10217 SW 39TH PLACE
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

NICHOLS, LESTER E
747 S.E. 2ND PLACE
UNIT NO. 2
GAINESVILLE, FL 32601 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: LESTER E. NICHOLS

12/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NICHOLS, LESTER E
Address: P.O. BOX 1116
City-St-Zip: GAINESVILLE, FL 32602

Title: VD () Delete
Name: BEAUX, WILEY F
Address: 6887 DUFORT RD.
City-St-Zip: SEAGLE, ID 83860

Title: STD () Delete
Name: BEAUX, L'MARIE
Address: 6887 DUFORT RD.
City-St-Zip: SEAGLE, ID 83860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LESTER E. NICHOLS

PD

12/07/2006

Electronic Signature of Signing Officer or Director

Date