

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05274

FILED
Oct 05, 2007
Secretary of State

Entity Name: DOWNTOWN PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

312 SOUTH "O" STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

312 SOUTH
LAKE WORTH, FL 33460

Current Mailing Address:

702 GROVE STREET
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 59-2531917 **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:

Name and Address of New Registered Agent:

ISOKANGAS, JUHANI M
702 GROVE STREET
LAKE WORTH, FL 33461 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: JUHANI M. ISOKANGAS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ISOKANGAS, JUHANI M
Address: 702 GROVE STREET
City-St-Zip: LAKE WORTH, FL 34641

Title: SD () Delete
Name: ISOKANGAS, TAPANIA
Address: 702 GROVE STREET
City-St-Zip: LAKE WORTH, FL 34641

Title: TD () Delete
Name: DIM, EDWARD
Address: 312 S O ST #1
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: ISOKANGAS, TAPANI
Address: 702 GROVE STREET
City-St-Zip: LAKE WORTH, FL 34641

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: JUHANI M. ISOKANGAS

PD

10/05/2007

Electronic Signature of Signing Officer or Director

Date