2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000002660

FILED Jul 10, 2009 Secretary of State

Entity Name: LINDEN ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

219 N DIXIE HWY
LAKE WORTH, FL 33460 1704 NORTH DIXIE HWY
LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

219 N DIXIE HWY
LAKE WORTH, FL 33460

1704 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

FEI Number: 20-5814691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RYS, KEVIN M
4400 PGA BLVD
STE 800
PALM BEACH GARDENS, FL 33410 US

KEIR, DAVID A
1704 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460 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: DAVID KEIR 07/10/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MILLER, JAMES F
 Name:
 FERNANDES, MERWIN MR.

 Address:
 219 N DIXIE HWY
 Address:
 201 SOUTH LAKESIDE DRIVE
 UNIT 11

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460 US

Title: VPTD () Delete Title: VPD (X) Change () Addition Name: MILLER, JERRY E Name: WISE, JAMES E MR.

Address: 219 N DIXIE HWY Address: 201 SOUTH LAKESIDE DRIVE UNIT 1
City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 US

Title: SD () Delete Title: DIR (X) Change () Addition

 Title:
 SD () Delete
 Title:
 DIR (X) Change () Addit Name:

 Name:
 MILLER, ELIZABETH A
 Name:
 KEIR, DAVID A

 Address:
 219 N DIXIE HWY
 Address:
 1704 N DIXIE HWY

City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 US

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: DAVID A. KEIR DIR 07/10/2009