

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000008444

FILED  
Feb 21, 2008  
Secretary of State

**Entity Name:** OLD BAINBRIDGE SQUARE COMMERCIAL CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

267 JOHN KNOX RD  
SUITE 108  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

1000 WEST THARPE STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

267 JOHN KNOX RD  
SUITE 108  
TALLAHASSEE, FL 32303

**New Mailing Address:**

3333 WEST PENSACOLA STREET  
SUITE 300  
TALLAHASSEE, FL 32304

**FEI Number:** 26-2005475

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOWN, CRAIG  
267 JOHN KNOX RD  
SUITE 108  
TALLAHASSEE, FL 32303 US

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

WATKINS, MIKE  
525 NORTH MARTIN LUTHER KING BLVD  
TALLAHASSEE, FL 32301 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: MIKE WATKINS

02/21/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHOWN, CRAIG  
Address: 267 JOHN KNOX RD, SUITE 108  
City-St-Zip: TALLAHASSEE, FL 32303

Title: VPSD ( ) Delete  
Name: CHOWN, AMY  
Address: 267 JOHN KNOX RD, SUITE 108  
City-St-Zip: TALLAHASSEE, FL 32303

Title: TD ( ) Delete  
Name: WATKINS, MIKE  
Address: 525 N MARTIN LUTHER KING BLVD  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: PRES (X) Change ( ) Addition  
Name: WATKINS, MIKE  
Address: 525 N MARTIN LUTHER KING BLVD  
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: TREA (X) Change ( ) Addition  
Name: OLK, THOMAS K  
Address: 3333 WEST PENSACOLA STREET  
City-St-Zip: TALLAHASSEE, FL 32304

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: THOMAS K. OLK

TREA

02/21/2008

Electronic Signature of Signing Officer or Director

Date