


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000010564			
1. Entity Name 10 NORTH CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 13171 ATLANTIC BLVD SUITE 400 JACKSONVILLE, FL 32225		Mailing Address 13171 ATLANTIC BLVD SUITE 400 JACKSONVILLE, FL 32225	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 OCT 25 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT (1/07)

4. FEI Number 20-0904198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHUNN, DOUGLAS D ONE INDEPENDENT DRIVE SUITE 3201 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name William P. Register Street Address (P.O. Box Number is Not Acceptable) 13171 Atlantic Blvd Suite 400 City Jacksonville FL 32225	
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I, 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 *William P. Register*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REGISTER, WILLIAM P SR. 13171 ATLANTIC BLVD., SUITE 400 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200111358762 10/25/07--01041--003 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NEGAARD, BRADEN 6054 ARLINGTON EXPRESSWAY, SUITE 8 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REGISTER, CAROLYN 13171 ATLANTIC BLVD., SUITE 400 JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10/26</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William P. Register* 10/18/07 904-221-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #