

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000011738

FILED
Feb 12, 2008
Secretary of State

Entity Name: 709 WINDSOR LANE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

709 WINDSOR LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

709 WINDSOR LANE
KEY WEST, FL 33040

New Mailing Address:

709 WINDSOR LANE
B
KEY WEST, FL 33040

FEI Number: 02-5883694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

IRWIN, SCOTT L
709 WINDSOR LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

IRWIN, SCOTT L
709 WINDSOR LANE
B
KEY WEST, FL 33040 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: SCOTT L. IRWIN

02/12/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: IRWIN, SCOTT L
Address: 709 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: DPVS () Delete
Name: IRWIN, MICHELLE L
Address: 709 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: NICHOLS, PAUL
Address: 709 WINDSOR LANE
City-St-Zip: KEY WEST, FL 33040

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 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: SCOTT L. IRWIN

DPT

02/12/2008

Electronic Signature of Signing Officer or Director

Date