

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000001672

FILED
Apr 02, 2009
Secretary of State

Entity Name: DANA PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9485 REGENCY SQUARE BOULEVARD, SUITE 107
JACKSONVILLE, FL 32225

New Principal Place of Business:

21213 SW 20TH PLACE
OCALA, FL 34471

Current Mailing Address:

9485 REGENCY SQUARE BOULEVARD, SUITE 107
JACKSONVILLE, FL 32225

New Mailing Address:

21213 SW 20TH PLACE
OCALA, FL 34471

FEI Number: 59-3518001 **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:

WILLIAMS, RILEY
2905 CORINTHIAN AVENUE, SUITE 5
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

BOSSHARDT PROPERTY MANAGEMENT, INC.
2123 SW 20TH PLACE
OCALA, FL 34471 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: GARRY H. GRIFFIN

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROHAN, PAUL
Address: 9485 REGENCY SQUARE BOULEVARD, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD () Delete
Name: HOROWITZ, JON
Address: 9485 REGENCY SQUARE BOULEVARD, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: LAUBACH, GREG
Address: 9485 REGENCY SQUARE BOULEVARD, SUITE 107
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: IM, JOHN
Address: 11950 CR 101 SUITE 104
City-St-Zip: THE VILLAGES, FL 32162

Title: S (X) Change () Addition
Name: HAASENEIN, DR.
Address: 11950 CR 101 SUITE 202
City-St-Zip: THE VILLAGES, FL 32162

Title: T (X) Change () Addition
Name: CLAUS, MARIA
Address: 11950 CR 101 SUITE 204
City-St-Zip: THE VILLAGES, FL 32162

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: DR. JOHN IM

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date