2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000003435

FILED Oct 14, 2009 Secretary of State

Entity Name: VIA MARE CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 352 7TH STREET ATLANTIC BEACH, FL 32233 **Current Mailing Address: New Mailing Address:** 352 7TH STREET ATLANTIC BEACH, FL 32233 FEI Number: 26-3152727 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: Name and Address of New Registered Agent: NELSON, MELISSA J 352 7TH STREET ATLANTIC BEACH, FL 32233 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: MELISSA J NELSON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete DP () Change () Addition NELSON, MELISSA J Name: Name: 352 7TH STREET Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MCKEE, SARAH A Name: MCKEE, SARAH A Address: 53 OAKWOOD ROAD Address: 1015 ATLANTIC BL. STE 176 JACKSONVILLE BEACH, FL 32250 City-St-Zip: City-St-Zip: ATLANTIC BEACH, FL 32233 Title: DS () Delete Title: () Change () Addition CODDINGTON, CHRISTOPHER Name: Name: Address: 379 6TH STREET Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REINKE, BRENDA Name: 5130 WHISPERING LEAF TRAIL Address: Address: City-St-Zip: VALRICO, FL 33594 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: MELISSA J NELSON PRES 10/14/2009