2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 03, 2008
Secretary of State

DOCUMENT# N07000005196

Entity Name: EAST DEL CONDOMINIUM ASSOCIATION, INC

Current Principal Place of Business:

921 MC KEE
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

921 MC KEE
DELRAY BEACH, FL 33483

New Mailing Address:

323 SANDPIPER LANE
DELRAY BEACH, FL 33483

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

QUAGLIAROLI, KATHLEEN
921 MC KEE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

QUAGLIAROLI, KATHLEEN
323 SANDPIPER LANE
DELRAY BEACH, FL 33483 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: KATHLEEN QUAGLIAROLI 11/03/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: QUAGLIAROLI, KATHLEEN
Address: 323 SANDPIPER LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVP ( ) Delete
Name: QUAGLIAROLI, DOUGLAS P
Address: 323 SANDPIPER LANE
City-St-Zip: DELRAY BEACH, FL 33483

Title: DVP ( ) Delete
Name: FULLUM, TIMOTHY J
Address: 323 SANDPIPER LANE
City-St-Zip: DELRAY BEACH, FL 33483

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: KATHLEEN QUAGLIAROLI DPS 11/03/2008
Electronic Signature of Signing Officer or Director Date