

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 18 AM 11:58

**DOCUMENT # N07340**  
1. Entity Name  
909 BUILDING EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: ~~C/O CHARLES LIBERIS~~ Richardson, Robert  
909 EAST CERVANTES STREET  
PENSACOLA, FL 32501  
*Same address*

Mailing Address: ~~C/O CHARLES LIBERIS~~ Richardson, Robert  
909 EAST CERVANTES STREET  
PENSACOLA, FL 32501  
*Same address*

**REINSTATEMENT 04-05**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03092005 REIN-NP CR2E099 (6/04)

4. FEI Number  
59-0608121

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDSON, ROBERT W  
909 EAST CERVANTES STREET  
PENSACOLA, FL 32501

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDSON, ROBERT			NAME			
STREET ADDRESS	909 E. CERVANTES ST.			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TICE, JOHN P			NAME			
STREET ADDRESS	909 E. CERVANTES ST.			STREET ADDRESS	000049167140		
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP	03/25/05--01003--013 **122.50		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	URBANIAK, WILMA L			NAME			
STREET ADDRESS	909 E CERVANTES ST			STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32501			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** **3/16/05** 9:50-438-4416  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #