

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000006884

FILED
Oct 23, 2009
Secretary of State

Entity Name: WILLIAMSBURG INN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

18 SALINA AV
DELRAY BEACH, FL 33483

New Principal Place of Business:

18 SALINA AV
#29
DELRAY BEACH, FL 33483

Current Mailing Address:

18 SALINA AV
DELRAY BEACH, FL 33483

New Mailing Address:

18 SALINA AV
#29
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:

MALONE, LYNNE
9493 SADDLEBROOK DRIVE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: LYNNE MALONE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GREGORY, MARK
Address: 18 SALINA AVE #29
City-St-Zip: DELRAY BEACH, FL 33483

Title: STD () Delete
Name: MALONE, LYNNE
Address: 9493 SADDLEBROOK DR
City-St-Zip: BOCA RATON, FL 33496

Title: D () Delete
Name: LISPI, LAUREN
Address: 1740 PALM COVE BLVD.
City-St-Zip: DELRAY BEACH, FL 33455

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: MARK GREGORY

PRES

10/23/2009

Electronic Signature of Signing Officer or Director

Date