

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000011222

FILED
Oct 21, 2009
Secretary of State

Entity Name: DOW ROAD OFFICE/WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4155 DOW ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

4155 DOW ROAD
SUITE A
MELBOURNE, FL 32934

Current Mailing Address:

4155 DOW ROAD
MELBOURNE, FL 32934

New Mailing Address:

211 CAROLINE STREET
OFFICE
MELBOURNE, FL 32934

FEI Number: 27-1155745 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

PICKLES, TIMOTHY F
3490 N US HWY 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

WELLS, JEFFERY W
211 CAROLINE STREET
OFFICE
CAPE CANAVERAL, FL 32920 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: JEFFERY W. WELLS

10/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WELLS, JEFFERY W
Address: 211 CAROLINE ST
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DST () Delete
Name: WELLS, TEE
Address: 211 CAROLINE ST
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: ABEL, TONI
Address: 211 CAROLINE ST
City-St-Zip: CAPE CANAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WELLS, JEFFERY W
Address: 211 CAROLINE ST, OFFICE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: DST (X) Change () Addition
Name: WELLS, TEE
Address: 211 CAROLINE ST, OFFICE
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D (X) Change () Addition
Name: ABEL, TONI
Address: 211 CAROLINE ST., OFFICE
City-St-Zip: CAPE CANAVERAL, FL 32920

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: JEFFERY W. WELLS

DP

10/21/2009

Electronic Signature of Signing Officer or Director

Date