

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N13000003574

**FILED**  
**Oct 24, 2014**  
**Secretary of State**

**Entity Name:** FALLSCHASE COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 38-3921945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARDNER, CHARLES R  
1300 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308 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:** CHARLES R. GARDNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHIRKEN, BRIAN  
**Address:** 429 SANTA MONICA BOULEVARD, SUITE 600  
**City-St-Zip:** SANTA MONICA, CA 90401

**Title:** STD  
**Name:** NIELSEN, TANYA  
**Address:** 429 SANTA MONICA BOULEVARD, SUITE 600  
**City-St-Zip:** SANTA MONICA, CA 90401

**Title:** VD  
**Name:** STERN, DANIEL  
**Address:** 6755 DALY ROAD  
**City-St-Zip:** WEST BLOOMFIELD, MI 48322

I hereby 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 all other like empowered.

**SIGNATURE:** BRIAN SHIRKEN

PD

10/24/2014

Electronic Signature of Signing Officer or Director

Date