

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N26543

FILED
Mar 16, 2007
Secretary of State

Entity Name: LAKE VALENTINE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2630 SPRING GLEN ROAD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

333 W OSCEOLA LANE
COCOA BEACH, FL 32931

New Mailing Address:

1158 WOOD DUCK HOLLOW
JACKSONVILLE, FL 32259

FEI Number: 59-3019210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPMAN, MIKE
333 W OSCEOLA LANE
COCOA BEACH, FL 32931 US

Name and Address of New Registered Agent:

GLAVIN, THOMAS
1158 WOOD DUCK HOLLOW
JACKSONVILLE, FL 32259 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: THOMAS M GLAVIN

03/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MURRAY, JESSICA
Address: 9654 MEADOW WOODS LANE
City-St-Zip: DAYTON, OH 45458

Title: VD (X) Delete
Name: MURRAY, TODD
Address: 9654 MEADOW WOODS LANE
City-St-Zip: DAYTON, OH 45458

Title: D (X) Delete
Name: CHAPMAN, MIKE
Address: 659 KILCHURN DR
City-St-Zip: ORANGE PARK, FL 32073

Title: PS (X) Delete
Name: MURRAY, JESSICA
Address: 9731 TIBBALS CT
City-St-Zip: DAYTON, OH 45458

Title: VD (X) Delete
Name: MURRAY, TODD
Address: 9731 TIBBALS CT
City-St-Zip: DAYTON, OH 45458

Title: D (X) Delete
Name: CHAPMAN, MIKE
Address: 333 W OSCEOLA LANE
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: GLAVIN, THOMAS
Address: 1158 WOOD DUCK HOLLOW
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: THOMAS M GLAVIN

P D

03/16/2007

Electronic Signature of Signing Officer or Director

Date