

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000002523

FILED
Oct 07, 2009
Secretary of State

Entity Name: OLD TOWN GARDEN VILLAS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

921 CENTER STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

5505 NORTH ATLANTIC AVE
SUITE 207
COCOA BEACH, FL 32931

New Mailing Address:

921 CENTER STREET
KEY WEST, FL 33040

FEI Number: 65-0238291 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

NIELSEN, JENS M
852 E. PLANTATION CIR
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NIELSEN, JENS M
921 CENTER ST
KEY WEST, FL 33040 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: JENS M. NIELSEN

10/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MORTENSEN, BENT
Address: 1861 N.FED. HWY # 309
City-St-Zip: HOLLYWOOD, FL 33020

Title: P () Delete
Name: NIELSEN, JENS
Address: 832 E PLANTATION CIRCLE
City-St-Zip: PLANTATION, FL 33324

Title: T () Delete
Name: BUCKBEE, BRUCE
Address: 417 MAIN ST
City-St-Zip: LYNNFIELD, MA 01940

Title: SD () Delete
Name: ADELL, RAY
Address: 16 LONGACRE DR.
City-St-Zip: HUNTINGTON, NY 11743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: NIELSEN, JENS
Address: 921 CENTER ST
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change () Addition
Name: BUCKBEE, BRUCE
Address: 223 ROCKY HILL RD
City-St-Zip: PLYMOUTH, MA 02360

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: BRUCE E. BUCKBEE

TREA

10/07/2009

Electronic Signature of Signing Officer or Director

Date