


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 14 PM 4:18


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759782 1. Entity Name HUNTINGTON BY-THE-SEA CONDOMINIUM OWNERS ASSOCIATION, INC.	
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Principal Place of Business 140 MONACO STREET DESTIN, FL 32550 US	Mailing Address 140 MONACO STREET DESTIN, FL 32550 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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 12202004 REIN-NP CR2E099 (6/04) *MRS*

6. Name and Address of Current Registered Agent HARRISON, MIKE <i>JOHN MCCARTNEY</i> 140 MONACO STREET, #101 DESTIN, FL 32550	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) <i>REINSTATEMENT 04-05</i> City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John F. McCartney* DATE *12-20-04*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> Delete MCCARTNEY, JOHN
NAME	232 GREENBRIAR EST DR
STREET ADDRESS	SAINT LOUIS, MO 63122
CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete WATTS, JOE
NAME	157 N.UNION ST.
STREET ADDRESS	CANTON, MS 39046
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete SANDERS, BJ
NAME	11647-ISLAND AVE
STREET ADDRESS	MATLACHA, FL 33993
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete HARRISON, MIKE
NAME	140 MONACO ST. #101
STREET ADDRESS	DESTIN, FL 32541
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700043609577
STREET ADDRESS	12/23/04--01025--017 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600048826216
STREET ADDRESS	03/22/05--01004--006 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. McCartney* DATE: *12/20/04* DAYTIME PHONE #: *837-4811*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. McCartney Pres. HBSCOA *837-0150*