
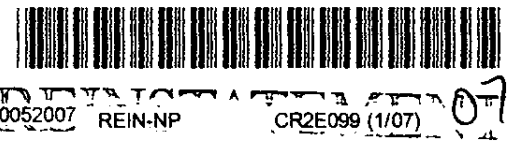


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N01000004658</b>		
1. Entity Name <b>ONE BEACH CLUB DRIVE PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>1 BEACH CLUB DRIVE MIRAMAR BEACH, FL 32550 US</b>		Mailing Address <b>1 BEACH CLUB DRIVE MIRAMAR BEACH, FL 32550 US</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country

FILED  
2007 DEC 14 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



4. FEI Number <b>04-3605471</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550</b>			7. Name and Address of New Registered Agent Name <b>Donna Free</b> Street Address (P.O. Box Number is Not Acceptable) <b>One Beach Club Drive</b> City <b>Miramar Beach</b>		
			<b>FL</b>		Zip Code <b>32550</b>

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 12-4-2007

**FILE NOW!! FEE IS \$61.25**  
After January 1, 2008, 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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAMPLES, J MICHAEL			NAME	Thomas Martin		
STREET ADDRESS	1343 MARIETTA COUNTRY CLUB DR			STREET ADDRESS	11423 High Drive		
CITY-ST-ZIP	KENNESAW, GA 30152			CITY-ST-ZIP	Leawood, KS 66211		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOUDREAUX, ALLEN JR			NAME			
STREET ADDRESS	4628 FOLSE DR			STREET ADDRESS	200113135562		
CITY-ST-ZIP	METAIRIE, LA 70006			CITY-ST-ZIP	12/14/07--01010--002 **61.25		
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZIMMER, STEPHEN			NAME			
STREET ADDRESS	407 BEADY RD			STREET ADDRESS			
CITY-ST-ZIP	ARLINGTON, TX 76006			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEA, RICHARD H			NAME			
STREET ADDRESS	18939 ST CLARE DR			STREET ADDRESS			
CITY-ST-ZIP	BATON ROUGE, LA 70810			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *[Signature]* Stephen Zimmer 12-11-07 (817) 277-9482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #