2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jul 31, 2009
Secretary of State

DOCUMENT# N03000004508

Entity Name: FLORA BEACH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

116 LEE ST
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

116 LEE ST
INDIALANTIC, FL 32903 US

New Mailing Address:

116 LEE ST
INDIALANTIC, FL 32903

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOMA, LARAINE M
116 LEE ST
INDIALANTIC, FL 32903 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: LARAINE SCOMA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCOMA, LARAINE M
Address: 116 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VP ( ) Delete
Name: CARTER, JAMIE
Address: 141 LEE STREET
City-St-Zip: INDIALANTIC, FL 32903 US

Title: S ( ) Delete
Name: BRAMBACH, LEESA
Address: 107 HARRIS BLVD
City-St-Zip: INDIALANTIC, FL 32903 US

Title: T ( ) Delete
Name: CRUICKSHANK, KIM M
Address: 125 LEE ST
City-St-Zip: INDIALANTIC, FL 32903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LARAINE SCOMA P 07/31/2009

Electronic Signature of Signing Officer or Director — Date