## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000008737

FILED Jan 09, 2009 Secretary of State

Entity Name: CALLAWAY CHASE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

653 WEST 23RD STREET 11714 EMERALD COAST PKWY., STE. 105D

PANAMA CITY, FL 32405 MIRAMAR BEACH, FL 32550

**Current Mailing Address: New Mailing Address:** 

653 WEST 23RD STREET 11714 EMERALD COAST PKWY., STE. 105D

PANAMA CITY, FL 32405 MIRAMAR BEACH, FL 32550

FEI Number: 37-1543746 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: Name and Address of New Registered Agent:

DAN, SAMUEL COASTAL PROPERTIES ASSOCIATION MANAGEMENT 11714 EMERALD COAST PKWY., STE. 105D MIRAMAR BEACH, FL 32550 US 653 W 23RD STREET

MIRAMAR BEACH, FL 32550

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: ZACH JOHNSON 01/09/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

PANAMA CITY, FL 32405 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

DAN, SAMUEL FUNN, WANNETTE Name: Name: 653 WEST 23RD STREET Address: 212 CALLAWAY CHASE LANE Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32404

(X) Change ( ) Addition Title: Title: ( ) Delete

Name: LANE, J DAVID Name: POPE, THOMAS

Address: 653 WEST 23RD STREET Address: 222 CALLAWAY CHASE LANE City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32404

Title: () Delete Title: (X) Change ( ) Addition SIERRA, ALBERT Name: ANDERSON, KIMBERLI Name:

653 WEST 23RD STREET Address: Address: 206 CALLAWAY CHASE LANE City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY, FL 32404

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: KIMBERLI ANDERSON T/S 01/09/2009