

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000000775

1. Entity Name
BAY MAGNOLIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
2331 HWY. 98 WEST
CARRABELLE, FL 32322

Mailing Address
2331 HWY. 98 WEST
CARRABELLE, FL 32322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162006 REIN-NP CR2E099 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPORITO, THOMAS N
2341 HWY. 98 WEST
CARRABELLE, FL 32322

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$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 PD ☐ Delete
NAME SAPORITO, THOMAS N
STREET ADDRESS 2341 HWY. 98 WEST
CITY-ST-ZIP CARRABELLE, FL 32322

TITLE ☐ Change ☐ Addition
NAME **800079050236**
STREET ADDRESS **08/23/06--01029--011 **122.50**
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME DAVIDSON, M. JACK
STREET ADDRESS 7842 MCCLURE DR.
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SAPORITO, RUBY G
STREET ADDRESS 2341 HWY. 98 WEST
CITY-ST-ZIP CARRABELLE, FL 32322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-06

Date

Daytime Phone #

FILED

06 AUG 16 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

