2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT -3 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000775

1. Entity Name
BAY MAGNOLIA HOMEOWNERS ASSOCIATION, INC.

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

10022007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAPORITO, THOMAS N 2341 HWY. 98 WEST CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/03/07--01004--008 **111.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD DAVIDSON, M. JACK 7842 MCCLURE DR. TALLAHASSEE, FL 32312	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300110209943
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAPORITO, RUBY G 2341 HWY. 98 WEST CARRABELLE, FL 32322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 — Date — Daytime Phone #