2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005642

FILED Oct 28, 2009 Secretary of State

Entity Name: BEACH CLUB AT PASS-A-GRILLE CONDOMINIUM ASSOCIATION, INC.

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

701 GULF WAY

ST. PETE BEACH, FL 33706

Current Mailing Address: New Mailing Address:

701 GULF WAY PO BOX 15722

ST. PETE BEACH, FL 33706 CLEARWATER, FL 33766

FEI Number: 20-5721178 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:

JEWELL, JOHN F TWINNEY, LARRY
4420 13TH WAY NE 695 CENTRAL AVE

ST. PETERSBURG, FL 33703 US ST. PETERSBURG, FL 33701 US

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: LARRY TWINNEY 10/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 HOBBY, PHILIP R
 Name:
 KIGLO, ROBERT

 Address:
 345 18TH AVE NE
 Address:
 701 GULF WAY

City-St-Zip: SAINT PETERSBURG, FL 33704 City-St-Zip: ST. PETE BEACH, FL 33706

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

Name: HOBBY, STEPHEN B Name: GROHMAN, ABE
Address: 3737 BELLE VISTA DRIVE Address: 701 GULF WAY

City-St-Zip: ST. PETE BEACH, FL 33706 City-St-Zip: ST. PETE BEACH, FL 33706

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: SULTE, ROBERT P Name: GERTZULIN, BARBARA

Address: 4165 14TH STREET NE Address: 701 GULF WAY

City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: ST. PETE BEACH, FL 33706

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: ROBERT KILGO D 10/28/2009