

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 706641

FILED
Jan 10, 2012
Secretary of State

Entity Name: BAILEY'S BLUFF CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

2021 GULFVIEW BLVD.
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 103
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-1776288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKLEY, KATIE
3229 BLUFF BLVD.
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

SLEIGHT, JOEL
32230 PINEVIEW DRIVE
HOLIDAY, FL 34691 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: JOEL SLEIGHT

01/10/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SLEIGHT, JOEL
Address: 3230 PINEVIEW DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: VD
Name: DUNN, JUDI
Address: 3201 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691

Title: TD
Name: HARRILL, JOELLEN
Address: 3224 BLUFF BLVD
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: HAMILTON, WALTER
Address: 3225 BLUFF BLVD.
City-St-Zip: HOLIDAY, FL 34691

Title: SD
Name: ACKLEY, KATIE
Address: 3229 BLUFF BLVD.
City-St-Zip: HOLIDAY, FL 34691

Title: D
Name: GUERETTE, GLENN
Address: 1914 GULFVIEW DR.
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: JOEL SLEIGHT

PD

01/10/2012

Electronic Signature of Signing Officer or Director

Date