

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 737741

FILED  
Oct 14, 2005  
Secretary of State

**Entity Name:** PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 341  
GULF BREEZE, FL 32562 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 341  
GULF BREEZE, FL 32562 US

**New Mailing Address:**

**FEI Number:** 59-1714109 **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:**

BARRETT, JOHN C  
5 CALLE TRAVIESA  
PENSACOLA BEACH, FL 32561 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: JOHN C BARRETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, GARY  
Address: 501 FT PICKENS RD  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: TD ( ) Delete  
Name: BARRETT, JOHN  
Address: 5 CALLE TRAVIESA  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: SD ( ) Delete  
Name: MAGYAROSS, DEBRA  
Address: 1710 VIA DE LUNA  
City-St-Zip: PENSACOLA BEACH, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: BARRETT, JOHN C  
Address: 5 CALLE TRAVIESA  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY E. SMITH

PD

10/14/2005

Electronic Signature of Signing Officer or Director

Date