## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION FLOR			5	LORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			FILED .03 SEP 22 PM 4: 20	
DOCUMENT # 751811  1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA
The Oceanna Condominium Association, Inc.								Salu :
2. Principal Office Address 3. Mailing Office Address							1 20 ESS REAL SE	STATERIERIT ALLES
					Surf Drive		remstatement 84-03	
Suite, Apt. #, etc. Suite, Apt. #					etc.		4. Date Incorporated or Qualified	
City & State City & Stat								siness in Florida 8/ 31/80
				Panama City Beach, Fl			5. FEI Numb	per KX Applied For Not Applicable
<sup>Zip</sup> 3240	8	Country US		32408		Country US	6. CERTIFICA	TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
	7. Name and Address of Current Registered Agent							
	Name Brian D. Hess							
	Street Address (P.O. Box Number is Not Acceptable)						90 00722	0023235018 70301042010 **1400.00
	9108 Front Beach Road Suite, Apt. #, Etc.						031 551	05 01042 010 **1400.40
	City State Zip Code							
Panama City Beach							FL   32407	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of								
Signature of Registered Agent REGISTERED AGENT MUST SIGN								Date 9 117 / 03
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles	Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip
P, D	Robin Rushing				10823 Snow Road, Normbrons, S			Northport, AL 35475
VP, D	David Payne				8132 S. Lagoon Drive			Panama City Beach, FL 32408
ST, D	June Daniels				5132 E. Santos Drive		e	Mobile, AL 36619
D "	Linda Humphries			5330 Suwanee Dan Road		ad	Suwanee, GA 30024	
D	Deanie Johnson			14 Walden Ridge Circle		cle	Fairfield Glade, TN 38558	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same lagal effect as if made under oath.								
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