2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2007
Secretary of State

DOCUMENT# 755243

Entity Name: BAY WINDS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3091 BARRANCAS AVE.
PENSACOLA, FL 32507

New Principal Place of Business:

30 BAYSHORE DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

3091 BARRANCAS AVE.
PENSACOLA, FL 32507

New Mailing Address:

30 BAYSHORE DRIVE
PENSACOLA, FL 32507

FEI Number: 59-3535439 **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:

NOGUERE, ROBERT P
3091 BARRANCAS AVE.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

CHESTERFIELD, CLARA D
30 BAYSHORE DRIVE
PENSACOLA, FL 32507 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: CLARA D. CHESTERFIELD 10/12/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: NOGUERE, ROBERT P
Address: 3091 BARRANCAS AVE.
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: CHESTERFIELD, WALLACE B JR
Address: 30 BAYSHORE DR
City-St-Zip: PENSACOLA, FL 32507

Title: DS ( ) Delete
Name: KEMBLE, JOHN
Address: 46 BAYSHORE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ROBINSON, CHRISTOPHER M
Address: 46 BAYSHORE DR
City-St-Zip: PENSACOLA, FL 32507

Title: T/S (X) Change ( ) Addition
Name: CHESTERFIELD, CLARA D
Address: 30 BAYSHORE DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change ( ) Addition
Name: VANHORN, WILLIAM
Address: 41 BAYSHORE DR.
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Change (X) Addition
Name: JACOBS, ANTHONY
Address: 47 BAYSHORE DR
City-St-Zip: PENSACOLA, FL 32507

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: CLARA D. CHESTERFIELD T/S 10/12/2007
Electronic Signature of Signing Officer or Director Date