


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 763109			
1. Corporation Name The Beach Condominium Owners' Association, Inc.			
2. Principal Office Address 8459 Gulf Blvd		3. Mailing Office Address 4092 Rocky Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Navarre Beach FL		City & State Niceville, FL	
Zip 32566	Country USA	Zip 32578	Country USA

FILED

06 NOV 14 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida	1982
5. FEI Number	592573576
6. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Applied For	<input type="checkbox"/> Not Applicable

7. Name and Address of Current Registered Agent

Name Larry Ankeney	
Street Address (P.O. Box Number is Not Acceptable) 4092 Rocky Drive	
Suite, Apt. #, Etc.	
City Niceville	State FL
Zip Code 32578	

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 Registered Agent X Larry Ankeney
REGISTERED AGENT MUST SIGN

Date 11-06-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/D	Larry Ankeney	4092 Rocky Drive	Niceville, FL 32578
V Pres/D	Ralph Coleman	4017 Fairchase Lane	Hoover, AL 35244
Sec/D	Raymond Oliver	107 Adele Avenue	Pittsburgh, PA 15233
Treas/D	Carol Canova	125 Foust Road	Graham, NC 27253
/D	William Majeau	2041 Everglades Dr.	Navarre, FL 32566
400081753474 11/14/06-01014-005 **236.25			

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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Larry Ankeney President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-06-06 **Daytime Phone #** 850-729-6729

11/14