

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 763849

**FILED**  
**Oct 11, 2010**  
**Secretary of State**

**Entity Name:** CAMACHEE ISLAND OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3070 HARBOR DR.  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

THE PRINT SHOP 71 S. DIXIE HIGHWAY #6  
SAINT AUGUSTINE, FL 320844 US

**New Mailing Address:**

**FEI Number:** 59-2309103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURK, MARIA  
71 S. DIXIE HWY. #6  
SAINT AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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: MARIA M BURK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: GOULD, MARTIN  
Address: 3108 HARBOR DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP  
Name: FRIBOURG, DONALD  
Address: 3218 HARBOR DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T  
Name: HALL, WILLIAM  
Address: 120 SPARTINA AVENUE  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DS  
Name: VERGNOLE, JOANNE  
Address: 3724 WATERWAY COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP  
Name: AUSTEN, LOIS  
Address: 3328 HARBOR DRIVE  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: DONALD FRIBOURG

PRES

10/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date