

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 770471

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** LANDFALL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

14118 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

16296 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

**Current Mailing Address:**

P O BOX 34466  
PENSACOLA, FL 32507 US

**New Mailing Address:**

16296 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

**FEI Number:** 59-2662393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLASSELL, BRUCE C  
13700 PERDIDO KEY DRIVE  
SUITE 105  
PENSACOLA, FL 32507 US

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

GILCHRIST, JOSEPH R  
16296 PERDIDO KEY 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: JOSEPH GILCHRIST

10/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GLASSELL, BRUCE C  
Address: 13700 PERDIDO KEY DRIVE, SUITE 105  
City-St-Zip: PENSACOLA, FL 32507

Title: VD (X) Delete  
Name: GILCHRIST, JOE  
Address: 13700 PERDIDO KEY DRIVE, SUITE 105  
City-St-Zip: PENSACOLA, FL 32507

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

Title: PD (X) Change ( ) Addition  
Name: GILCHRIST, JOSEPH R  
Address: 16296 PERDIDO KEY DRIVE  
City-St-Zip: PENSACOLA, FL 32507

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

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: JOSEPH R GILCHRIST

PD

10/14/2009

Electronic Signature of Signing Officer or Director

Date