

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000001583

Entity Name: GREAT BAY HOMES, INC.

FILED  
Oct 11, 2004  
Secretary of State

## Current Principal Place of Business:

11 BAYVIEW AVENUE  
NORTHPORT, NY 11768

## New Principal Place of Business:

## Current Mailing Address:

11 BAYVIEW AVENUE  
NORTHPORT, NY 11768

## New Mailing Address:

FEI Number: 02-0626043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERKMAN, CHRISTOPHER  
2758 SW SAVONA BLVD.  
PORT ST. LUCIE, FL 34953 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: CST ( ) Delete  
Name: O'CONNER, THOMAS M  
Address: 11 BAYVIEW AVENUE  
City-St-Zip: NORTHPORT, NY 11768

Title: VCP ( ) Delete  
Name: MARTIN, DAVID  
Address: 11 BAYVIEW AVENUE  
City-St-Zip: NORTHPORT, NY 11768

Title: S ( ) Delete  
Name: TASSA, JOSEPH  
Address: 11 BAYVIEW AVENUE  
City-St-Zip: NORTHPORT, NY 11768

Title: D ( ) Delete  
Name: MARTIN, JOHN  
Address: 11 BAYVIEW AVENUE  
City-St-Zip: NORTHPORT, NY 11768

Title: V ( ) Delete  
Name: BERKMAN, CHRISTOPHER  
Address: 2758 SW SARONA BLVD  
City-St-Zip: PORT ST. LUCIE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CST (X) Change ( ) Addition  
Name: O'CONNOR, THOMAS M  
Address: 11 BAYVIEW AVENUE  
City-St-Zip: NORTHPORT, NY 11768

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

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

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

Title: V (X) Change ( ) Addition  
Name: BERKMAN, CHRISTOPHER  
Address: 2758 SW SAVONA BLVD  
City-St-Zip: PORT ST. LUCIE, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MARTIN

VCP

10/11/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date