


# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

10 OCT 27 PM 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001698	
1. Entity Name FIDDLER'S COVE OF WAKULLA COUNTY HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 63 JANET DRIVE CRAWFORDVILLE, FL 32327	Mailing Address PO BOX 722 CRAWFORDVILLE, FL 32327
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

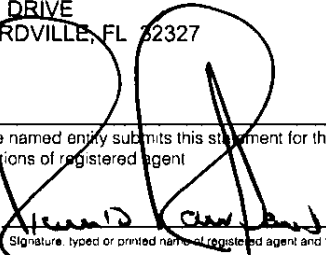
10272010 REIN-NP CR2E099 (1/07)

4. FEI Number 04-3628145	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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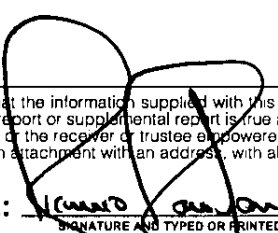
6. Name and Address of Current Registered Agent	
ROWLAND, RICHARD H 63 JANET DRIVE CRAWFORDVILLE, FL 32327	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10-27-10
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$236.25 After January 1, 2011, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	APPGATE, CLARENCE	NAME	
STREET ADDRESS	114 FIDDLERS TRACE	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	ROWLAND, RICHARD	NAME	
STREET ADDRESS	63 JANET DR	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	AS-SALEK, JUNAID	NAME	
STREET ADDRESS	2325 W PENSACOLA ST, APT 162	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	MALOOF, DAVID	NAME	
STREET ADDRESS	RD 1 BOX 69	STREET ADDRESS	
CITY-ST-ZIP	MONTROSE, PA 18801	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WILL, BRAD	NAME	
STREET ADDRESS	114 FIDDLERS TRACE	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 10-27-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	