

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N01000004627

1. Entity Name
**ONE BEACH CLUB DRIVE CONDOMINIUM
ASSOCIATION, INC.**



FILED

2007 DEC 14 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1 BEACH CLUB DRIVE
MIRAMAR BEACH, FL 32550 US**

Mailing Address
**1 BEACH CLUB DRIVE
MIRAMAR BEACH, FL 32550 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



4. FEI Number
01-0605651

Applied For
☐ Not Applicable

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550**

7. Name and Address of New Registered Agent
Name **Donna Free**
Street Address (P.O. Box Number is Not Acceptable) **One Beach Club Drive**
City **Miramar Beach** FL Zip Code **32550**

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 *[Signature]* **12-4-2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMPLES, MIKE 1343 MARIETTA COUNTRY CLUB DR KENNESAW, GA 30152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas Martin 11423 High Drive Leawood, KS 66211 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAUX, ALLEN JR 4628 FOLSE DR METAIRIE, LA 70006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ana Laborde 1491 St. Charles Place Tallahassee, FL 32308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZIMMER, STEPHEN 407 BEADY RD ARLINGTON, TX 76006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600113135606 12/14/07--01010--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEA, RICHARD H 18939 ST CLARE DR BATON ROUGE, LA 70810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **Stephen Zimmer** **12-11-07** **(817) 277-9432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEC 14 2007