

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 16, 2004
Secretary of State**

DOCUMENT# N02000007349

Entity Name: HERNANDO OAKS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

1610 BARRANCAS AVENUE
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

1610 BARRANCAS AVENUE
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 45-0499842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LIBERIS, CHARLES S
1610 BARRANCAS AVENUE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

LIBERIS, CHARLES S
1610 BARRANCAS AVENUE
PENSACOLA, FL 32501 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: CHARLES S. LIBERIS

11/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BRANNEN, DAVID A
Address: 17 WEST CEDAR STREET
City-St-Zip: PENSACOLA, FL 32501

Title: DP () Delete
Name: LEVIN, ALLEN
Address: 220 VIA DE LUNA
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: DS () Delete
Name: LIBERIS, CHARLES S
Address: 1610 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32501

Title: DV () Delete
Name: PATE, SCOTT
Address: 214 CHURCH STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: KOSTORYZ, JAMES
Address: 702 N FRANKLIN STREET 7TH FLOOR
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change () Addition
Name: BRANNEN, DAVID A.
Address: 17 WEST CEDAR STREET
City-St-Zip: PENSACOLA, FL 32501

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

Title: DS (X) Change () Addition
Name: LIBERIS, CHARLES S.
Address: 1610 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32501

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES S. LIBERIS

DS

11/16/2004

Electronic Signature of Signing Officer or Director

Date