



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02789 1. Entity Name LORELEI CONDOMINIUM OWNER'S ASSOCIATION, INC.						FILED 94 DEC -9 PM 12:28 TALLAHASSEE, FLORIDA REINSTATEMENT 2005  10/24/05 01061 023 \$61.25 WOP 11012005 REIN-NP CR2E099 (6/04)	
Principal Place of Business 13880 PERDIDO KEY DR #301 PENSACOLA, FL 32507 US				Mailing Address 13880 PERDIDO KEY DR #301 PENSACOLA, FL 32507 US			
2. Principal Place of Business 7062 BELGIUM CIR Suite, Apt. #, etc.		3. Mailing Address 7062 BELGIUM CIR Suite, Apt. #, etc.		4. FEI Number 63-1030170 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State PENSACOLA, FL Zip 32526-3900		City & State PENSACOLA, FL Zip 32526-3900					
Country US		Country US					
6. Name and Address of Current Registered Agent BEUMER, BRENDA 13880 PERDIDO KEY DR. 9TH FLOOR - SEVILLE TOWER PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name BETTY G. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 7062 BELGIUM CIR City PENSACOLA FL Zip Code 32526-3900			
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 <u>Betty G. Williams, Pres</u> BETTY G. WILLIAMS 11-20-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				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	PD SPIEGEL, DONNA 17135 PERDIDO KEY DR #106 PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR 3288 Pitcher PLANT 32506	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV O' BRIEN, BARBARA 17135 PERDIDO KEY DR.#301 PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.PRES - SECT 13418 VALERIE DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FLANAGAN, LYNN 4513 EAST WOODROAST JACKSON, MS 39211	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS NETTERVILLE, CHARLIE 3695 BUFFALO RD WOODVILLE, MS 39669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, BETTY 17135 PERDIDO KEY DR. #105 PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES - TREAS 7062 BELGIUM CIR 32526-3900	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Betty G. Williams, Pres</u> BETTY G. WILLIAMS 11-20-05 850-944-3237 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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LORELEI CONDOMINIUM OWNERS' ASSOCIATION, INC.
7062 BELGIUM CIRCLE
PENSACOLA, FLORIDA 32526-3900
850-944-3237

November 20, 2005

Ms. Kathy Ashton
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms. Ashton:

Re: N02789

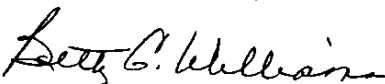
The address that you have been using is not a correct one. The above address has been correct since April 2004. Regretfully, we have not been in receipt of the notice/s.

I requested assistance from our CPA. She was able to find the information on the Internet and faxed me a copy to be filled out. Unfortunately, I had written the explanation as to why we had not been getting the notice, in the upper right hand corner of the form. This was done on October 12, 2005, along with a check for \$61.25. I assume this was unacceptable, judging by your letter, for it to be redone.

I am re-submitting the form that you sent this month. I regret that there has been confusion involved in this transaction.

I wish to thank you in advance for the considerations that you are giving us. We wish for you and your staff a safe and wonderful holiday season.

Sincerely,



Betty G. Williams
President