

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006312

FILED  
Nov 02, 2007  
Secretary of State

**Entity Name:** THE COTTAGES AT INDIAN SUMMER HOMEOWNER'S ASSOCIATION, INC

**Current Principal Place of Business:**

1008 GORDON AVE.  
THOMASVILLE, G. 31792

**New Principal Place of Business:**

1934 STATE RD 30 A  
PORT ST. JOE, FL 32456

**Current Mailing Address:**

1008 GORDON AVE.  
THOMASVILLE, G. 31792

**New Mailing Address:**

1934 STATE RD 30A  
PORT ST. JOE, FL 32456

**FEI Number:** 51-0644870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

DAVIS, SCHNITKER, REEVES, & BROWNING, P.A.  
901 WEST BASE STREET  
MADISON, FL 32340    US

**Name and Address of New Registered Agent:**

SUNSET BAY MANAGEMENT GROUP, LLC  
1934 STATE RD 30A  
PORT ST. JOE, FL 32456    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: ROBYN A. RENNICK

11/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D      ( ) Delete  
Name: PARVEY, RICHARD E  
Address: 1008 GORDON AVE.  
City-St-Zip: THOMASVILLE, GA 31792

Title: S, D      ( ) Delete  
Name: JOHNSTON, ELIZABETH  
Address: 1008 GORDON AVE.  
City-St-Zip: THOMASVILLE, GA 31792

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: KING, TOM PRES  
Address: 405 NOTTINGHAM CT  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP      (X) Change ( ) Addition  
Name: WILSON, SCOTT  
Address: 1061 VILLAGE PARK DR, SUITE 204  
City-St-Zip: GREENSBORO, GA 30642

Title: TREA      ( ) Change (X) Addition  
Name: BRYAN, KAY  
Address: 737 LIONESSE COURT  
City-St-Zip: STONE MOUNTAIN, GA 30087

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM KING

PRES

11/02/2007

Electronic Signature of Signing Officer or Director

Date