2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010097

FILED Oct 11, 2011 Secretary of State

Entity Name: HOUSING ASSISTANCE CORPORATION OF NASSAU COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

516 SOUTH 10TH STREET C/O 3026 PERSIMMON CIRCLE EAST SUITE 116 FERNANDINA BEACH, FL 32034

FERNANDINA BEACH, FL 32034

Current Mailing Address: New Mailing Address:

US

POST OFFICE BOX 15578 FERNANDINA BEACH, FL 32035

FEI Number: 01-0806764 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TOMASSETTI, A. JEFFREY 406 ASH ST FERNANDINA BEACH, FL 32034

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: A. J. TOMASSETTI

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD

Name: WINSTON, JOSEPH S Address: P.O. BOX 1737

City-St-Zip: FERNANDINA BEACH, FL 32035 US

Title: VCD

Name: ALBERT, CHARLES L
Address: 612 SOUTH 11TH STREET

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title:

Name: MORRIS, PAULA E Address: 1204 FIR STREET

City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: PS

Name: PERRY, HAROLD R Address: POST OFFICE BOX 15508

City-St-Zip: FERNANDINA BEACH, FL 32035 US

I hereby 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 all other like empowered.

SIGNATURE: HAROLD R. PERRY PS 10/11/2011