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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

JJG

CORPORATION REINSTATEMENT

CAPE ISLE PRESERVE OWNERS ASSOCIATION, INC.

Certificate of Status	0
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APR. 10. 2009 8:49AM C S C NO. 328

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2009 APR 10 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010636

1. Entity Name
CAPE ISLE PRESERVE OWNERS ASSOCIATION, INC.

REINSTATEMENT

Principal Place of Business	Mailing Address
2135 RIVER CLIFF DRIVE ROSWELL, GA 30076	2135 RIVER CLIFF DRIVE ROSWELL, GA 30076

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Beach Community Bank	c/o Beach Community Bank
Street, Apt. #, etc.: 17 SE Eglin Parkway	Suite, Apt. #, etc.: 17 SE Eglin Parkway
City & State: Fort Walton Beach, FL	City & State: Fort Walton Beach, FL
Zip: 32548 County:	Zip: 32548 County:

4. FEI Number: 20-1934569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DOUGLAS L 221 MCKENZIE AVENUE PANAMA CITY, FL 32401	Name: Colbert, Richard M. Street Address (P.O. Box Number is Not Acceptable): 4 Laguna Street, Suite 101 City: Fort Walton Beach FL Zip Code: 32548

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] April 8, 2009
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $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	DP DODSON, TIMOTHY 2135 RIVER CLIFF DRIVE ROSWELL, GA 30076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hughes, A. Anthony 17 SE Eglin Parkway Fort Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CONNART, DAVID 1234 AIRPORT RD., SUITE 121 DESTIN, FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPTD Pritchard, Kathleen A. 17 SE Eglin Parkway Fort Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DODSON, PAMELA 2135 RIVER CLIFF DRIVE ROSWELL, GA 30076	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Colbert, Richard M. 4 Laguna Street, Suite 101 Fort Walton Beach, FL 32548	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] 4-8-09 850-244-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 10 2009