

2082

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

J/K

CORPORATION REINSTATEMENT

CAPE ISLE PRESERVE OWNERS ASSOCIATION, INC.

Certificate of Status	0
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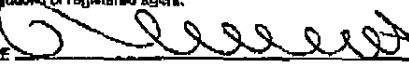
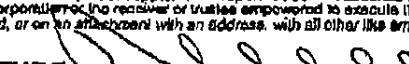
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2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000010638			
1. Entity Name CAPE ISLE PRESERVE OWNERS ASSOCIATION, INC.			
Principal Place of Business 2135 RIVER CLIFF DRIVE ROSWELL, GA 30076		Mailing Address 2135 RIVER CLIFF DRIVE ROSWELL, GA 30076	
2. Principal Place of Business - No P.O. Box # c/o Beach Community Bank		3. Mailing Address c/o Beach Community Bank	
State, Apt. #, etc. 17 SE Eglin Parkway		State, Apt. #, etc. 17 SE Eglin Parkway	
City & State Fort Walton Beach, FL		City & State Fort Walton Beach, FL	
Zip 32548	Country	Zip 32548	Country
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 20-1934569	
6. Name and Address of Current Registered Agent SMITH, DOUGLAS L 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		7. Name and Address of New Registered Agent Name Colbert, Richard M. Street Address (P.O. Box Number is Not Acceptable) 4 Laguna Street, Suite 101 City Fort Walton Beach FL 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 		April 8, 2009	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signatures required when rate shall had)	
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	VPID 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 118, 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; that 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: 		4-8-09 850-244-7350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

B. Mitchell APR 10 2009