

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011369

FILED  
Oct 14, 2005  
Secretary of State

**Entity Name:** TAHISCO GROVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 15190  
PENSACOLA, FL 325140190

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 15190  
PENSACOLA, FL 325140190

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MOORHEAD, STEPHEN R  
4300 BAYOU BOULEVARD  
SUITE 13  
PENSACOLA, FL 32503 US

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

MOORHEAD, STEPHEN R  
25 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502 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: STEPHEN R. MOORHEAD

10/14/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: DAVIS, ALEX L  
Address: 8160 ASHLAND AVENUE  
City-St-Zip: PENSACOLA, FL 32534

Title: D ( ) Delete  
Name: DAVIS, THOMAS H JR.  
Address: POST OFFICE BOX 15190  
City-St-Zip: PENSACOLA, FL 325140190

Title: PSTD ( ) Delete  
Name: WARD, KEVIN  
Address: POST OFFICE BOX 15190  
City-St-Zip: PENSACOLA, FL 325140190

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN WARD

PSTD

10/14/2005

Electronic Signature of Signing Officer or Director

Date