2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000011699

FILED Sep 22, 2005 Secretary of State

Entity Name: VILLAS OF PANAMA OWNERS' ASSOCIATION, INC.

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

404 JENKS AVE 7825 BEACH DRIVE

PANAMA CITY, FL 32401 PANAMA CITY BEACH, FL 32408 US

Current Mailing Address: New Mailing Address:

404 JENKS AVE P.O. BOX 19885

PANAMA CITY, FL 32401 PANAMA CITY BEACH, FL 32417 US

FEI Number: 20-2230970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GIOIELLO, JOHN L 404 JENKS AVE

PANAMA CITY, FL 32401 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: JOHN L. GIOIELLO

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD () Delete Title: PD (X) Change () Addition

Name: GARLAND, GERALD R Name: TURNER, RON
Address: 404 JENKS AVE Address: 7825 BEACH DRIVE

City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: VS () Delete Title: VPD (X) Change () Addition Name: HELMS, LEWIE D Name: WILLIAMS, MIKE

Address: 404 JENKS AVE Address: 110 REDBUD LANE
City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: GREENVILLE, AL 36037 US

 Name:
 HELMS, SCOTT
 Name:
 DAVIS, JO S

 Address:
 404 JENKS AVE
 Address:
 648 WOMBLE ROAD

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 BLAKELY, GA 39823

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: GARY W. TENNYSON, ESQUIRE ATTY 09/22/2005