2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 27, 2005
Secretary of State

DOCUMENT# N04000011993

Entity Name: BAY BREEZE COVE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5850 T.G. LEE BOULEVARD
SUITE 600
ORLANDO, FL 32822

New Principal Place of Business:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

Current Mailing Address:

5850 T.G. LEE BOULEVARD
SUITE 600
ORLANDO, FL 32822

New Mailing Address:

3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614

FEI Number: 02-0744633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSS, DAVID
5850 T.G. LEE BOULEVARD
SUITE 600
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

RUSSEL, HEATHER
3434 COLWELL AVE.
SUITE 200
TAMPA, FL 33614 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: HEATHER C. RUSSEL 10/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AULD, DAVID V
Address: 5850 T.G. LEE BOULEVARD SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: SD ( ) Delete
Name: MURPHY, BRANDY
Address: 5850 T.G. LEE BOULEVARD SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: PD ( ) Delete
Name: LAWSON, ROBERT
Address: 5850 T.G. LEE BOULEVARD SUITE 600
City-St-Zip: ORLANDO, FL 32822

Title: VT (X) Delete
Name: MOSS, DAVID
Address: 5850 T.G. LEE BOULEVARD SUITE 600
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HILL, TOM
Address: 10150 HIGHLAND MANOR DR. #145
City-St-Zip: TAMPA, FL 33610

Title: VPD (X) Change ( ) Addition
Name: JOYNER, JAMES
Address: 10150 HIGHLAND MANOR DR. #145
City-St-Zip: TAMPA, FL 33610

Title: STD (X) Change ( ) Addition
Name: THOMPSON, LARRY
Address: 10150 HIGHLAND MANOR DR. #145
City-St-Zip: TAMPA, FL 33610

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: TOM HILL PD 10/27/2005
Electronic Signature of Signing Officer or Director Date