2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001948

FILED Jul 13, 2007 Secretary of State

Entity Name: THE CLUB AT CAPE SAN BLAS OWNERS' ASSOCIATION, INC.

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

404 JENKS AVENUE 2589 JENKS AVENUE PANAMA CITY, FL 32401 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

404 JENKS AVENUE 2589 JENKS AVENUE PANAMA CITY, FL 32401 PANAMA CITY, FL 32405

FEI Number: 13-4250190 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: Name and Address of New Registered Agent:

GIOIELLO, JOHN L

404 JENKS AVENUE

PANAMA CITY, FL 32401 US

BAKER, FRANK L

4431 LAFAYETTE STREET

MARIANNA, FL 32446 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: FRANK A. BAKER 07/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 EUBANKS, KAY W
 Name:
 EUBANKS, KAY W

 Address:
 404 JENKS AVENUE
 Address:
 2589 JENKS AVENUE

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 PANAMA CITY, FL 32405

Title: VD () Delete Title: VD (X) Change () Addition Name: STONE, SHARON Name: STONE, SHARON

 Name:
 STONE, SHARON
 Name:
 STONE, SHARON

 Address:
 404 JENKS AVENUE
 Address:
 106 S. 25TH STREET

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 MEXICO BEACH, FL 32456

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

 Name:
 PARRISH, H. HARRISON
 Name:
 PARRISH, H. HARRISON

 Address:
 404 JENKS AVENUE
 Address:
 P.O. BOX 1124

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 DOTHAN, AL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: H. HARRISON PARRISH STD 07/13/2007