## 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N05000004303

FILED Oct 13, 2006 Secretary of State

Entity Name: BAYSHORE PINES HOMEOWNERS ASSOCIATION, INC.

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

6 MORENO POINT 41 GREENWAY LOOP

DESTIN, FL 32541 PANAMA CITY BEACH, FL 32413

Current Mailing Address: New Mailing Address:

6 MORENO POINT 856 HARBOR BLVD DESTIN, FL 32541 DESTIN, FL 32541

FEI Number: 20-5310047 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:

MCNEESE, RICHARD S IRBY, DEBORAH E 36468 EMERALD COAST PKWY STE 1201 41 GREENWAY LOOP

DESTIN, FL 32541 US PANAMA CITY BEACH, FL 32413 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: DEBORAH IRBY 10/13/2006

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: WILLIAMS, MARTIN H Name: WILLIAMS, MARTIN H

 Address:
 6 MORENO POINT
 Address:
 856 HARBOR BLVD.

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 DESTIN, FL 32541

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

 Name:
 IRBY, DEBORAH E
 Name:
 IRBY, DEBORAH E

 Address:
 399 SEACREST DRIVE
 Address:
 41 GREENWAY LOOP

 City-St-Zip:
 PANAMA CITY BCH, FL 32413
 City-St-Zip:
 PANAMA CITY BCH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBORAH IRBY STD 10/13/2006