2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000004983

FILED Feb 06, 2009 Secretary of State

Entity Name: SEAVIEW VILLAGE FLORIDA COTTAGE OWNERS ASSOCIATION, INC.

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

10200 CLARENCE ST 9805 SILVERWOOD LANE PANAMA CITY BEACH, FL 32407 LOUISVILLE, KY 40272 US

Current Mailing Address: New Mailing Address:

P.O. BOX 9399 9805 SILVERWOOD LANE PANAMA CITY BCH, FL 32417 LOUISVILLE, KY 40272 US

FEI Number: 20-2902737 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:

WALTERS, ELIZABETH J WALTERS, ELIZABETH J RA
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US WALTERS, ELIZABETH J RA
221 MCKENZIE AVENUE
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: ELIZABETH WALTERS 02/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: PRES (X) Change () Addition Name: HARRIS, J. DAVID Name: RUSSELL, DON F PRES.

Address: 10200 CLARENCE ST Address: 9805 SILVERWOOD LANE
City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: LOUISVILLE, KY 40272 US

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

 Name:
 Name:
 WILLIAMS, JOHN VP

 Address:
 5139 GREYSTONE WAY

 City-St-Zip:
 City-St-Zip:
 BIRMINGHAM, AL 35242 US

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: DON F. RUSSELL PRES 02/06/2009