

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000006055

**FILED**  
**Jan 16, 2014**  
**Secretary of State**

**Entity Name:** GULF REFLECTIONS OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

619 BEAMS DRIVE  
EUFAULA, AL 36027 US

**New Principal Place of Business:**

1201 DRIFTWOOD POINT  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

619 BEAMS DRIVE  
EUFAULA, AL 36027 US

**New Mailing Address:**

1201 DRIFTWOOD POINT  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CAMPBELL, SCOTT M  
34990 EMERALD COAST PKWY STE 301  
DESTIN, FL 32541 US

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

MCNEESE, RICHARD S  
36468 EMERALD COAST PARKWAY  
SUITE 1201  
DESTIN, FL 32541 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: RICHARD S. MCNEESE

01/16/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: MCLEAN, NORMAN  
Address: P.O. BOX 1551  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D/S  
Name: HEWITT, JENNIFER  
Address: 4702 SEASTAR VISTA  
City-St-Zip: DESTIN, FL 32541

Title: D/T  
Name: PATRICELLI, JIM  
Address: P.O. BOX 786  
City-St-Zip: DESTIN, FL 32541

I hereby 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 all other like empowered.

SIGNATURE: NORMAN MCLEAN

D/P

01/16/2014

Electronic Signature of Signing Officer or Director

Date