

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000009723

FILED  
Mar 23, 2007  
Secretary of State

**Entity Name:** EMERALD COAST VILLAGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

316 WEST 11TH STREET  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

316 WEST 11TH STREET  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 20-4493097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, JOHN R ESQ.  
316 WEST 11TH STREET  
PANAMA CITY, FL 32401 US

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

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: JOHN R. GREEN, ESP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: ROBINSON, THOMAS D  
Address: 2433 THOMAS DRIVE, #148  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DVT ( ) Delete  
Name: DOWNING, KEVIN  
Address: 2433 THOMAS DRIVE, #148  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: ROBINSON, THOMAS D  
Address: PSC 816, BOX 14  
City-St-Zip: FPO, AE 09612

Title: DVT (X) Change ( ) Addition  
Name: DOWNING, KEVIN  
Address: 120 ROYAL PALM BLVD.  
City-St-Zip: PANAMA CITY BEACH, FL 32408

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: THOMAS D. ROBINSON, MD

DPS

03/23/2007

Electronic Signature of Signing Officer or Director

Date