

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010366

FILED
Nov 25, 2009
Secretary of State

Entity Name: WATER OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

856 HARBOR BLVD
DESTIN, FL 32541

New Principal Place of Business:

5311 E CO HWY 30-A
SUITE 3
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

856 HARBOR BLVD
DESTIN, FL 32541

New Mailing Address:

5311 E CO HWY 30-A
SUITE 3
SANTA ROSA BEACH, FL 32459

FEI Number: 20-5310087 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:

WILLIAMS, MARTIN H
856 HARBOR BLVD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

PRITCHETT, WALTER R
5311 E. CO HWY 30-A
SUITE 3
SANTA ROSA BEACH, FL 32459 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: WALTER R PRITCHETT

11/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, MARTIN H
Address: 856 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: ESTATE OF DEBORAH IRBY
Address: 302 JASE COURT
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEGAL, TODD H
Address: 238 SCENIC GULF DRIVE
City-St-Zip: MIRAMAR, FL 32550

Title: MGR (X) Change () Addition
Name: PRITCHETT, WALTER R
Address: 5311 E. CO HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: WALTER R PRITCHETT

RA

11/25/2009

Electronic Signature of Signing Officer or Director

Date