2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 23, 2008
Secretary of State

DOCUMENT# N05000010545

Entity Name: CONDOMINIUMS AT WATERSIDE VILLAGE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541

New Principal Place of Business:

2827 JOAN AVE.,
SUITE B.
PANAMA CITY BEACH, FL 32408

Current Mailing Address:

4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541

New Mailing Address:

2827 JOAN AVE.,
SUITE B.
PANAMA CITY BEACH, FL 32408

FEI Number: 20-4893383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, DERRICK ESQ
101 HARRISON AVENUE
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: DERRICK BENNETT
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLSON, RICK
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: VPD ( ) Delete
Name: PHILLIPS, RUPERT
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete
Name: HOWELL, SHANNON
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete
Name: HOWELL, WADE
Address: 4300 LEGENDARY DR STE 204
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TINA CAMPBELL/AGENT MGR 12/23/2008
Electronic Signature of Signing Officer or Director — Date