

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010921

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** MARINA VILLAGE AT LAGRANGE BAYOU ASSOCIATION, INC.

**Current Principal Place of Business:**

2700 SCENIC HWY 98  
DESTIN, FL 32541

**New Principal Place of Business:**

28 OYSTER BLVD.  
FREEPORT, FL 32439

**Current Mailing Address:**

P.O. BOX 2353  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

28 OYSTER BLVD.  
FREEPORT, FL 32439

**FEI Number:** 20-5029353      **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:**

BALTZELL, TAMMARA  
2700 SCENIC HWY 98  
DESTIN, FL 32541      US

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

SILVA, NANCY  
28 OYSTER BLVD.  
FREEPORT, FL 32439      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: NANCY SILVA

10/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MASSEY, JAMES A  
Address: P.O. BOX 2353  
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: VP      ( ) Delete  
Name: EDWARDS, TERRY  
Address: P.O. BOX 2353  
City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: STD      ( ) Delete  
Name: BALTZELL, TAMMARA  
Address: P.O. BOX 2353  
City-St-Zip: SANTA ROSA BEACH, FL 32549

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

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

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

Title: STD      (X) Change ( ) Addition  
Name: SILVA, NANCY  
Address: 28 OYSTER BLVD.  
City-St-Zip: FREEPORT, FL 32439

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: NANCY SILVA

MRS

10/15/2009

Electronic Signature of Signing Officer or Director

Date