

**2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 17, 2006  
Secretary of State**

DOCUMENT# N05000011753

Entity Name: WATERSIDE AT COQUINA KEY NORTH BOAT CLUB ASSOCIATION, INC.

**Current Principal Place of Business:**

4927 COBIA DR  
ST PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

4927 COBIA DR  
ST PETERSBURG, FL 33705

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

CFRA, LLC  
4221 W BAY SCOUT BLVD STE 1000  
TALPA, FL 336075737 US

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

CFRA, LLC  
4221 W BOY SCOUT BLVD STE 1000  
TAMPA, FL 33607 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: ROBERT S. FREEDMAN 10/17/2006  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DISSTON, GEOFF  
Address: 4927 COBIA DR  
City-St-Zip: ST PETERSBURG, FL 33705

Title: VD ( ) Delete  
Name: BERGER, GREG  
Address: 4927 COBIA DR  
City-St-Zip: ST PETERSBURG, FL 33705

Title: STD ( ) Delete  
Name: WALKER, ALEXANDER D III  
Address: 4927 COBIA DR  
City-St-Zip: ST PETERSBURG, FL 33705

**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:

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: GEOFF DISSTON PD 10/17/2006  
Electronic Signature of Signing Officer or Director Date