2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2007
Secretary of State

DOCUMENT# N06000004887

Entity Name: BLUE ANGEL CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13650 GULF BLVD #303
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

13650 GULF BLVD #303
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 20-8560707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: STEPHEN R. MOORHEAD
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WALLACE, SHAY
Address: 13650 GULF BLVD #303
City-St-Zip: MADEIRA BEACH, FL 33708

Title: D ( ) Delete
Name: PARKER, DIERDRE J
Address: 13650 GULF BLVD #303
City-St-Zip: MADEIRA BEACH, FL 33708

Title: DPVS ( ) Delete
Name: PARKER, LAWRENCE M
Address: 13650 GULF BLVD #303
City-St-Zip: MADEIRA BEACH, FL 33708

Title: T ( ) Delete
Name: PARKER, LAWRENCE M
Address: 13650 GULF BLVD #303
City-St-Zip: MADEIRA BEACH, FL 33708

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: LAWRENCE M. PARKER DPVS 10/29/2007
Electronic Signature of Signing Officer or Director — Date