

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000005441

FILED
Oct 13, 2009
Secretary of State

Entity Name: CALLAWAY CORNERS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

301 NORTH GAY AVE.
PANAMA CITY, FL 32404

New Principal Place of Business:

2510 E. 15TH STREET
PANAMA CITY, FL 32405

Current Mailing Address:

PO BOX 879
LYNN HAVEN, FL 32444

New Mailing Address:

2510 E. 15TH STREET
PANAMA CITY, FL 32405

FEI Number: 26-2567923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, AMY
301 NORTH GAY AVE.
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

COPELAND, JOE
2510 E. 15TH STREET
PANAMA CITY, FL 32405 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: JOE COPELAND

10/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: POSTON, JULIUS
Address: 23 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: EXVP () Delete
Name: BROOKS, NATHAN
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

Title: SEC () Delete
Name: ROSENQUIST, MARK
Address: 303 NORTH GAY AVE.
City-St-Zip: PANAMA CITY, FL 32444

Title: TRES () Delete
Name: MAY, AMY
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP (X) Delete
Name: OTTINGER, JOE
Address: PO BOX 879
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: COPELAND, JOE
Address: 2510 E. 15TH STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: VP (X) Change () Addition
Name: ROSENQUIST, MARK
Address: 12157 W. LINEBAUGH AVENUE, SUITE 383
City-St-Zip: TAMPA, FL 33626

Title: SEC (X) Change () Addition
Name: MORAN, DAVID
Address: 5801 JASMINE COURT
City-St-Zip: CALLAWAY, FL 32404

Title: TRES (X) Change () Addition
Name: CLAUSSEN, ERIC
Address: 317 BROOKE COURT
City-St-Zip: CALLAWAY, FL 32404

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: JOE COPELAND

PRES

10/13/2009

Electronic Signature of Signing Officer or Director

Date