2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 18, 2007
Secretary of State

DOCUMENT# N06000006364

Entity Name: SUMMERHOUSE AT MEXICO BEACH OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

104 ROCK BRIDGE ROAD
DOTHAN, AL 36303

New Principal Place of Business:

110 MEDICAL DRIVE
DOTHAN, AL 36303

Current Mailing Address:

104 ROCK BRIDGE ROAD
DOTHAN, AL 36303

New Mailing Address:

PO BOX 490
DOTHAN, AL 36302

FEI Number: 20-5927329 **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:

WALTERS, ELIZABETH J
415 BECKRICH ROAD SUITE 500
PANAMA CITY BEACH, FL 32407 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: ELIZABETH J WALTERS
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PARSONS, DAVID W
Address: 104 ROCK BRIDGE ROAD
City-St-Zip: DOTHAN, AL 36303

Title: DV ( ) Delete
Name: ANTE, MARK E JR
Address: 6627 THOMAS DRIVE SUITE 903
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: DST ( ) Delete
Name: KNOWLES, TRACIE B
Address: 104 ROCK BRIDGE ROAD
City-St-Zip: DOTHAN, AL 36303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: PARSONS, DAVID W
Address: PO BOX 490
City-St-Zip: DOTHAN, AL 36302

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

Title: DST (X) Change ( ) Addition
Name: KNOWLES, TRACY B
Address: PO BOX 490
City-St-Zip: DOTHAN, AL 36302

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: TRACY B KNOWLES TREA 10/18/2007
Electronic Signature of Signing Officer or Director — Date