


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 DEC 20 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-21-07

DOCUMENT # N06000008230	
1. Entity Name VISTA DEL MAR, II OF BAY COUNTY OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1815 TURNER WOOD LN PANAMA CITY BCH, FL 32407	Mailing Address 1815 TURNER WOOD LN PANAMA CITY BCH, FL 32407
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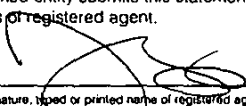
2. Principal Place of Business - No P.O. Box # 1523 Old Valdosta Rd.	3. Mailing Address 1523 Old Valdosta Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ray City, GA	City & State Ray City, GA
Zip 31645	Zip 31645
Country Berrien	Country Berrien



4. FEI Number 20-5298824	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GIOIELLO, JOHN L 404 JENKS AVE PANAMA CITY, FL 32401	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

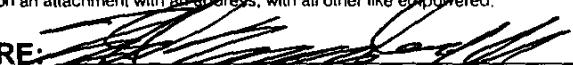
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARSON, WAYNE RT 1 BOX 3255 OLD VALDOSTA HWY RAY CITY, GA 31645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1523 Old Valdosta Rd. Ray City, GA 31645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOODRUFF, TODD RT 1 BOX 3255 OLD VALDOSTA HWY RAY CITY, GA 31645 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1523 Old Valdosta Rd. Ray City, GA 31645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARSON, WENDY 1815 TURNER WOOD LN PANAMA CITY BCH, FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1523 Old Valdosta Rd. Ray City, GA 31645 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Todd Woodruff 12/18/07 229-680-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #