

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000008231

1. Entity Name
VISTA DEL MAR, III OF BAY COUNTY OWNERS' ASSOCIATION, INC.



APPROVED
AND
FILED

07 DEC 20 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-21-07

Principal Place of Business
1815 TURNER WOOD LN
PANAMA CITY BCH, FL 32407

Mailing Address
1815 TURNER WOOD LN
PANAMA CITY BCH, FL 32407

2. Principal Place of Business - No P.O. Box #
1523 Old Valdosta Rd.
Suite, Apt. #, etc.

3. Mailing Address
1523 Old Valdosta Rd.
Suite, Apt. #, etc.

City & State
Ray City, GA
Zip
31645 Country
Berrien

City & State
Ray City, GA
Zip
31645 Country
Berrien



REINSTATEMENT

6. Name and Address of Current Registered Agent
GIOIELLO, JOHN L
404 JENKS AVE
PANAMA CITY BCH, FL 32401

4. FEI Number
20-5298902

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (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

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, TODDE 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	200113305502 12/20/07--01035--003 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **Todd Woodruff**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **12/16/07** Daytime Phone # **229-686-7021**