

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000009939

FILED
Oct 05, 2007
Secretary of State

Entity Name: GOLFAIR ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1122 GOLFAIR BLVD
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1122 GOLFAIR BLVD
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TUTWILER, PAUL
1122 GOLFAIR BLVD
JACKSONVILLE, FL 32209 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: PAUL TUTWILER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TUTWILER, PAUL
Address: 1122 GOLFAIR BLVD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: HALL, TANIKA
Address: 1122 GOLFAIR BLVD
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: HALL, TANIKA
Address: 1122 GOLFAIR BLVD
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: TOWNSEND, ODESSA
Address: 1122 GOLFAIR BLVD
City-St-Zip: JACKSONVILLE, FL 32209

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: PAUL TUTWILER

Electronic Signature of Signing Officer or Director

P

10/05/2007

Date