

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000010266

FILED
Oct 01, 2008
Secretary of State

Entity Name: "D" STREET TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2101 BARRANCAS AVENUE
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

2101 BARRANCAS AVENUE
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: STEPHEN MOORHEAD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TUCKER, THERESA
Address: 2101 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32502

Title: VD () Delete
Name: LOFTIN, JOE M
Address: 2101 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32502

Title: PD () Delete
Name: P. TAYLOR LOFTIN,
Address: POST OFFICE BOX 10048
City-St-Zip: PENSACOLA, FL 32524

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: TUCKER, TERESEA
Address: 2101 BARRANCAS AVENUE
City-St-Zip: PENSACOLA, FL 32502

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

Title: PD (X) Change () Addition
Name: LOFTIN, PHILLIP T
Address: 2101 BARRANCAS AVE
City-St-Zip: PENSACOLA, FL 32502

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: TERESEA TUCKER

STD

10/01/2008

Electronic Signature of Signing Officer or Director

Date