
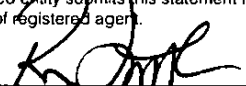

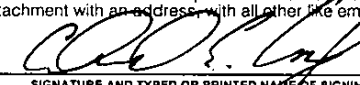


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06000012868</b> 1. Entity Name <b>BLACKBERRY RIDGE HOMEOWNERS' ASSOCIATION, INC.</b>				FILED <b>08 MAY 28 AM 10: 21</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526</b>		Mailing Address <b>5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526</b>			
2. Principal Place of Business - No P.O. Box # <b>8101 University Pkwy.</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Pensacola, FL</b> Zip <b>32514</b>		3. Mailing Address <b>8101 University Pkwy</b> Suite, Apt. #, etc. <b>Suite B</b> City & State <b>Pensacola, FL</b> Zip <b>32514</b>		<b>REINSTATEMENT 07-08</b> REIN-NP CR2E099 (1/07)	
4. FEI Number		<input type="checkbox"/> 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 <b>MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA, FL 32502</b>			7. Name and Address of New Registered Agent Name <b>Ron Tuttle</b> Street Address (P.O. Box Number is Not Acceptable) <b>8101 University Parkway</b> <b>Suite B</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32514</b>		
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 		DATE <b>5/21/08</b>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAFFORD, TODD 5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chad Edgar 8101 University Pkwy. Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEATON, CHARLES 5805 SAUFLEY FIELD ROAD PENSACOLA, FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ron Tuttle 8101 University Pkwy. Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYNCH, BOBBY 2655 BARRINEAU PARK ROAD MOLINO, FL 32577	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Michelle Porter 8101 University Pkwy. Pensacola, FL 32514	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	200130905172 06/05/08--01028--022 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	7/5/28		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 <b>CHAD E. EDGAR</b>		Date <b>5/21/08</b>	Daytime Phone # <b>(850) 475-2554</b>