## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06954

FILED Oct 21, 2009 Secretary of State

Entity Name: THE LANDINGS AT LAKE CAROLINE I, INC.

Current Principal Place of Business: New Principal Place of Business:

1325 W. 12TH STREET 1325 W. 12TH STREET

UNIT B4 UNIT C-7

PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 US

Current Mailing Address: New Mailing Address:

1325 W. 12TH STREET UNIT C-7

PANAMA CITY, FL 32401 US

FEI Number: 59-2760521 FEI Number Applied For ( ) 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: Name and Address of New Registered Agent:

SCOTT, S. DIANE HUMBERTSON, JOHN 1325 W. 12TH STREET 1325 W. 12TH STREET

B4 C-4

PANAMA CITY, FL 32401 US PANAMA CITY, FL 32401 US

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: JOHN HUMBERTSON 10/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: BARNES, CHARLOTTE Name: NORRIS, LAURI

Address: 1325 W. 12TH STREET, UNIT B1 Address: 1325 W. 12TH STREET, UNIT A2
City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BERRY, BEVERLY
 Name:

 Address:
 1325 W. 12TH ST. UNIT C-1
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:

Title: MD ( ) Delete Title: MD (X) Change ( ) Addition

 Name:
 SCOTT, S. DIANE
 Name:
 HUMBERTSON, JOHN

 Address:
 1325 W. 12TH ST., UNIT B-4
 Address:
 1325 W. 12TH ST., UNIT C-4

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 PANAMA CITY, FL 32401

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: JOHN HUMBERTSON MD 10/21/2009