


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 10 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07000004163		
1. Entity Name COMMUNITY ASSOCIATION FOR NORTH HAVEN, INC.		

Principal Place of Business 2505 N JENKS AVE LYNN HAVEN, FL 32444	Mailing Address 2505 N JENKS AVE LYNN HAVEN, FL 32444
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2. Principal Place of Business - No P.O. Box # 2708 HWY 77 Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 961 Suite, Apt. #, etc.
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City & State PANAMA CITY, FL	City & State LYNN HAVEN, FL
Zip 32405	Zip 32444
Country USA	Country USA



4. FEI Number 26-3820190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLIRONS, JEREMY 2505 N JENKS AVE LYNN HAVEN, FL 32444	7. Name and Address of New Registered Agent Name D. PAUL CALHOUN Street Address (P.O. Box Number is Not Acceptable) 2708 HWY. 77 City PANAMA CITY FL Zip Code 32405
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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 *D. Paul Calhoun* 12-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIRONS, JEREMY 2505 N JENKS AVE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	40013887522 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/10/08-01028--003 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIRONS, JAMES 2505 N JENKS AVE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SUBLETTE, JOE S. P.O. BOX 219 SUMTER, SC 29151 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, DONALD 2505 N JENKS AVE LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T CALHOUN, D. PAUL 1800 MASSACHUSETTS AVE. LYNN HAVEN, FL 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>12/11/08</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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]* 12-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #