2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000004525

Entity Name: HERITAGE LANDING HAMMERHEADS, INC

FILED Feb 24, 2009 Secretary of State

w Principal Place of Business:

370 HERITAGE LANDING PARKWAY SAINT AUGUSTINE, FL 32092

Current Mailing Address: New Mailing Address:

370 HERITAGE LANDING PARKWAY

2037 RIVERS OWN RD

SAINT AUGUSTINE, FL 32092 SAINT AUGUSTINE, FL 32092

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

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:

SOVINE, BRET
936 INDIAN RIVER RD
ST AUGUSTINE, FL 32092
US
EMAMDIE, LINDA F
2037 RIVERS OWN RD
ST AUGUSTINE, FL 32092
ST AUGUSTINE, FL 32092

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: LINDA F. EMAMDIE 02/24/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

(X) Change () Addition () Delete SOVINE, BRET HAINES, BIANCA Name: Name: Address: 936 INDIAN RIVER RD Address: 3123 TROUT CREEK CT City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: ST AUGUSTINE, FL 32092 Title: Title: (X) Change () Addition () Delete Name: FARMER, SARAH Name: MORRISON, LAURA

Name:FARMER, SARAHName:MORRISON, LAURAAddress:917 INDIAN RIVER RDAddress:3016 FORT CAROLINE CTCity-St-Zip:ST AUGUSTINE, FL 32092City-St-Zip:ST AUGUSTINE, FL 32092

Title: S () Delete Title: S (X) Change () Addition Name: MORRISON, LAURA Name: BEAUCHAMP, LISA

Address: 3016 FORT CAROLINE CT Address: 2713 SPINNERBAIT CT
City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: ST AUGUSTINE, FL 32092

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

 Name:
 Name:
 KLEIN, TRAYCEE

 Address:
 Address:
 3232 TROUT CREEK CT

 City-St-Zip:
 City-St-Zip:
 ST AUGUSTINE, FL 32092

 Name:
 Name:
 EMAMDIE, LINDA F

 Address:
 Address:
 2037 RIVERS OWN RD

 City-St-Zip:
 ST AUGUSTINE, FL 32092

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: LINDA F. EMAMDIE BM 02/24/2009