

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N09120

1. Entity Name

BAL ALEX ESTATES PROPERTY OWNER'S
ASSOCIATION, NON-PROFIT, INC.



Principal Place of Business

JOHN WILLARD
1669 NANCY DR
GULF BREEZE, FL 32563

Mailing Address

JOHN WILLARD
1669 NANCY DR
GULF BREEZE, FL 32563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLARD, JOHN
1669 NANCY DR
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

John I. Willard

Signature, typed or printed name of registered agent and title if applicable.

John I. Willard

(NOTE: Registered Agent signature required when reinstating)

6/11/2008

DATE

FILE NOW!!! FEE IS \$8.75
\$122.50
131.25

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLARD, JOHN L
STREET ADDRESS 1669 NANCY DR.
CITY-ST-ZIP GULF BREEZE, FL 32563

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

John I. Willard

John I. Willard

6/11/2008

Date

850-934-5700

Daytime Phone #

FILED

08 JUN 13 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05052008 REIN-NP

CR2E099 (1/07)

4. FEI Number
59-2895018

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required