

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10674

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** SEA OATS WEST CONDOMINIUM ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

17281 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

329 8TH STREET  
ATLANTIC BEACH, FL 32507

**Current Mailing Address:**

329 8TH STREET  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

**FEI Number:** 59-2579954

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ULRICH, DAVID  
329 8TH STREET  
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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: DAVID A ULRICH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REYNOLDS, ROBERT D  
Address: 4058 HICKORY DRIVE  
City-St-Zip: MONTGOMERY, AL 36109

Title: TD ( ) Delete  
Name: ULRICH, DAVID  
Address: 329 8TH STREET  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: SD ( ) Delete  
Name: KINSER, JANE  
Address: 306 PORT ROYAL WAY  
City-St-Zip: PENSACOLA, FL 32501

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. ULRIRCH

TD

10/18/2006

Electronic Signature of Signing Officer or Director

Date