

**2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 11, 2010  
Secretary of State**

DOCUMENT# N11349

**Entity Name:** HARBOUR POINTE AT CAMACHEE ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3608 HARBOR DR  
SAINT AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE PRINT SHOP 71 S. DIXIE HIGHWAY #6  
SAINT AUGUSTINE, FL 32084 US

**New Mailing Address:**

**FEI Number:** 59-2785680      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BURK, MARIA  
71 S DIXIE HWY 6  
SAINT AUGUSTINE, FL 32084 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: MARIA M BURK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: RICHARD, FARMER  
Address: 3607 HARBOR DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DVP  
Name: NORDBY, RICHARD  
Address: 3601 HARBOR DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT  
Name: STELLING, RUDI  
Address: 3608 HARBOR DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DP  
Name: YORK, ROBERT  
Address: 3603 HARBOR DR  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DS  
Name: MCCALLON, BARBARA  
Address: 3508 HARBOUR DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: ROBERT YORK

PRES

10/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date