## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N12211

FILED Dec 13, 2007 Secretary of State

Entity Name: PRITCHARD ISLAND HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 450 PLEASANT GROVE RD C/O BOTTOM LINE BOOKKEEPING INVERNESS, FL 34452 111 W MAIN ST SUITE 207 INVERNESS, FL 34450 **Current Mailing Address: New Mailing Address:** 450 PLEASANT GROVE RD INVERNESS, FL 34452 FEI Number: 59-2892300 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) 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: MCCOMBS, HARRIET COHEN, ROBERT 836 PRITCHARD ISLAND RD 111 W MAIN STREET INVERNESS, FL 34450 207 INVERNESS, FL 34450 US 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: R COHEN 12/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SLEFERT, JOHN Name: Name: 1032 PRITCHARD ISLAND RD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CLEMENS, ROBERT J Name: CLEMENS, ROBERT J Name: Address: 838 PRITCHARD ISLAND RD Address: 838 PRITCHARD ISLAND RD City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450 Title: () Delete Title: (X) Change ( ) Addition HELLMERS, MAXINE SUTTER, DANA Name: Name: 7530 E BROYHILL PT 926 PRITCHARD ISLAND ROAD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450 Title: ( ) Delete Title: ST (X) Change ( ) Addition GUMBEL, SAM Name: Name: GUMBEL, SAM 982 PRITCHARD ISLAND RD 1720 SW 110 TERR Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: **DAVIE, FL 33324** Title: () Delete Title: (X) Change ( ) Addition MCCOMBS, HARRIET MARTIN, HOLLY Name: Name: 836 PRITCHARD ISLAND RD 898 PRITCHARD ISLAND RD Address: Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

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: J SIEFERT PRES 12/13/2007