

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16064

FILED
Jan 11, 2005
Secretary of State

Entity Name: CONFEDERATE POINT CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

%PHYLLIS MADDEN
4218 BUCK POINT RD
JACKSONVILLE, FL 32210 US

Current Mailing Address:

5478 MARINERS COVE DR.
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

ROBERT J. MORRELL
5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 US

New Mailing Address:

5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 US

FEI Number: 59-2734559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, PHYLLIS A
5478 MARINERS COVE DR.
JACKSONVILLE, FL 322105762 US

Name and Address of New Registered Agent:

MORRELL, ROBERT J
5505 MARINERS COVE DRIVE
JACKSONVILLE, FL 32210 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: ROBERT J. MORRELL

01/11/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAPOZA, DAVID
Address: 4629 CONFEDERATE OAKS DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: MORRELL, ROBERT J
Address: MARINERS COVE DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD () Delete
Name: FRANCISCO, THERESA
Address: 4324 CHARLESTON LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD () Delete
Name: MADDEN, PHYLLIS
Address: 5478 MARINERS COVE DR.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: FRECHETTE, STEPHANIE
Address: 5911 SWAMP FOX RD.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Delete
Name: MURPHY, JUDY
Address: 4315 SMUGGLERS WAY
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORRELL, ROBERT J
Address: 5505 MARINERS COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: HOWARD, PAUL F
Address: 4342 VICKSBURG AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD (X) Change () Addition
Name: SHERMAN, TERRI
Address: 4378 SAVANNAH AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: TD (X) Change () Addition
Name: LOGAN, KATHRYN T
Address: 5739 FT SUMTER RD
City-St-Zip: JACKSONVILLE, FL 32210

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 Section 119.07(3)(i), 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: PAUL HOWARD

VP

01/11/2005

Electronic Signature of Signing Officer or Director

Date