2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2007
Secretary of State

DOCUMENT# N17790

Entity Name: PEARL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6277 BLANK DR.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

6277 BLANK DR.
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 51-0203095 **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:

KAYE, SHELIA
6277 BLANK DR.
JACKSONVILLE, FL 32244 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: SHEILA KAYE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KAYE, SHEILA,
Address: 6277 BLANK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD ( ) Delete
Name: WRIGHT, MORRIS
Address: 6283 BLANK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete
Name: WRIGHT, MORRIS
Address: 6283 BLANK DR
City-St-Zip: JACKSONVILLE, FL 32244

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: SEC ( ) Change (X) Addition
Name: ZACK, KEN
Address: 6197 BLANK DR
City-St-Zip: JACKSONVILLE, FL 32244 US

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: SHEILA KAYE PRES 10/30/2007

Electronic Signature of Signing Officer or Director — Date