2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N20325

FILED Oct 01, 2007 Secretary of State

Entity Name: HARBOURTOWN SHOPPING VILLAGE OF FORT WALTON BEACH OFFICEOWNERS AND STOREOWNERS

ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

POST OFFICE BOX 1735 1697 HIGHWAY 98 WEST DESTIN, FL 32540 MARY ESTHER, FL 32569

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1735 1697 HIGHWAY 98

DESTIN, FL 32540 FORT WALTON BEACH, FL 32569

FEI Number: 59-2855558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ODOM, JAY

4625 GULF STARR DR

DESTIN, FL 32541 US

FENSTEMACHER, KEITH
1697 HIGHWAY 98 WEST
MARY ESTHER, FL 32569 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: KEITH FENSTEMACHER 10/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition
Name: ODOM, JAY
Address: 4652 GULF STARR DR Name: FENSTEMACHER, KEITH
Address: 1697 HIGHWAY 98 WEST

City-St-Zip: DESTIN, FL 32541 City-St-Zip: FORT WALTON BEACH, FL 32569

Title: D () Delete Title: D (X) Change () Addition

Name: LEY, CINDY J Name: PAULZAK, GARY

Address: 182 S SHORE DR Address: 348 MIRACLE STRIP PARKWAY #39
City-St-Zip: DESTIN, FL 32541 City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D (X) Delete Title: () Change () Addition

 Name:
 ODOM, HAYLEY C
 Name:

 Address:
 4652 GULF STARR DR
 Address:

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:

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: KEITH FENSTEMACHER PSTD 10/01/2007