2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N33270 1. Entity Name SPYGLASS HARBOUR ASSOCIATION, INC.									#" # . 107 JUL 18		_		
Principal Plac 100 VISTA R VERO BEACH	OYALE BLVI)	100 V	Mailing Address 100 VISTA ROYALE BLVD VERO BEACH, FL 32963 US				SECRETARY OF STATE TALLAHASSEE FLORIDA					
Principal Place of Business - No P.O. Box # Mailing Address													
Suite, Apt.	17th	Street	Suite, Apt. #, etc. 633 17th Street					07022007 REIN-NP CR2E099 (1/07)					
Vero Beach, FL				Vero Beach,				4. FEI Number 65-0177590)		-	Applicable	
3296	,0	Country		32960				5. Certificate of Status Desired Fee Required			ional		
	6. Name	and Address of Current		7. Name and Address of New Registered Agent Name									
TUCKER, JOHN 2065 CAVALLA RD VERO BEACH, FL 32963							Street Address (P.O. Box Number is Not Acceptable)						
							City FL Zip Code						
8. 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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE													
FILE NOWIII FEE IS \$122.50 In accordance with s. 607.193(2)(b. corporation did not receive the prior													
10.	PD	OFFICERS AND DIF	ECTORS				Α	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME	. –	JOSEPH		☐ Delete THTLE							Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	VERO BE	ESCENT BEACH RD. EACH, FL 32963	CITY			TADDRESS ST-ZIP		97/18/0	77-01017		**122	. 50	
TITLE NAME	JOHNSON, THOMAS E						D 1	REINSTATEMENT					
STREET ADDRESS CITY-ST-ZIP	1620 W. SANDPOINTE PLACE VERO BEACH, FL 32963					T ADDRESS ST-ZIP	K	Ellao r			06	-0 '	
TITLE	TD Delete III										Change	Addition	
NAME Street address	TUCKER, JOHN NAI P.O. BOX 4046 STI					T ADDRESS	!						
CITY-ST-ZIP						Si-ZIF	1706						
TITLE NAME	ÆC □ Delete □ TII MULLEN, PERRY W SR □ NA						VPD			M	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1250 W. SOUTHWINDS BLVD., #217					T ADDRESS ST-ZIP							
TITLE NAME				☐ Delete	TITLE NAME		SD	ANEK Chris	stosher		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	STR					T ADORESS ST - ZIP	6835	ANEK Chriz 3 3rd Place 5 Beach, FL	, 5W 32968			:	
TITLE				☐ Delete	TITLE		D	Mul Dotor	_		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	STRI CITY						716 Vero	NIN, Peter Grove Place Beach, FL	- 32963				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.													
SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECT												1045	