

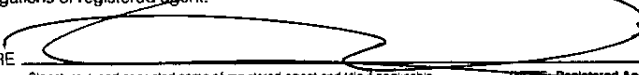
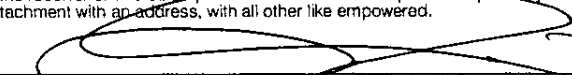


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N47560 1. Entity Name ROSEDOWN HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.			FILED 04 DEC 29 PM 12: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA 12/2/04 01039 001 6h.25  REINSTATEMENT 2004 12/19/2004 REIN-NFL CR2E099 (6/04)
Principal Place of Business MARK MEYER 2541 ROSEDOWN DRIVE CANTONMENT, FL 32533 US		Mailing Address MARK MEYER 2541 ROSEDOWN DRIVE CANTONMENT, FL 32533 US	
2. Principal Place of Business Portia Kozma Suite, Apt. #, etc. 2552 Rosedown Dr City & State Cantonment FL Zip 32533	3. Mailing Address Portia Kozma Suite, Apt. #, etc. 2552 Rosedown City & State Cantonment FL Zip 32533	4. FEI Number 59-3309259	
6. Name and Address of Current Registered Agent MEYER, MARK 2541 ROSEDOWN DRIVE CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name Portia Kozma Street Address (P.O. Box Number is Not Acceptable) 2552 Rosedown Dr City Cantonment FL Zip Code 32533	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE 12/20/04 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD NAME MEYER, MARK STREET ADDRESS 2541 ROSEDOWN DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Portia Kozma STREET ADDRESS 2552 Rosedown CITY-ST-ZIP Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME YOUNG, KATHLEEN STREET ADDRESS 2626 DEVLIN WAY CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME Patrick Kozma STREET ADDRESS 2552 Rosedown Dr CITY-ST-ZIP Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME MEYER, MARK STREET ADDRESS 2541 ROSEDOWN DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Delete	TITLE ST NAME Portia Kozma STREET ADDRESS 2552 Rosedown Dr CITY-ST-ZIP Cantonment FL 32533	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME JOHNSON, DEREK STREET ADDRESS 2544 ROSEDOWN DRIVE CITY-ST-ZIP CANTONMENT, FL 32533	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 12/20/04 (850) 968-0850 Date Daytime Phone #	