



2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 MAY -9 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48547 1. Entity Name MARINA COVE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.					
Principal Place of Business 7200 SHARP REEF DR. UNIT #4 PENSACOLA, FL 32507 US				Mailing Address 7200 SHARP REEF DR. UNIT #4 PENSACOLA, FL 32507 US	
2. Principal Place of Business - No P.O. Box # 7200 Sharp Reef Dr.		3. Mailing Address 1339 Creighton Rd			
Suite, Apt. #, etc. UNIT # 1		Suite, Apt. #, etc. 			
City & State Pensacola FL		City & State Pensacola FL			
Zip 32504		Country Escambia		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANCIL, GARNETT 7200 SHARP REEF DR. UNIT 4 PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name Webb Weekley Street Address (P.O. Box Number is Not Acceptable) 1339 Creighton Rd City Pensacola FL Zip Code 32504	
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 Webb Weekley Webb Weekley 5-3-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEAKLEY, WEBB 1339 CREIGHTON DRIVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Weekley, Webb 1339 CREIGHTON RD PENSACOLA, FL 32504
← Misspelled		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PHILLIPS, DON G 7200 SHARP REEF DR. UNIT 5 PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Hardison, WT JR 7200 Sharpreef Dr #2 Pensacola, FL 32507
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STANCIL, GARNETT 7200 SHARP REEF DR. PENSACOLA, FL 32507	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leo Jernigan 3680 Cypress Circle Gulf Shores, AL 36542
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDISON, W T JR 7200 SHARPREEF DR, # 2 PENSACOLA, FL 32507	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103289193 05/25/07--01025--012 **122.50
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, Ken Ken 7203 CAPT KIDD REEF PENSACOLA, FL 32507	<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	D WALDMAN, DON 11731 CHANTELEER DR PENSACOLA, FL 32507	<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 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: Webb Weekley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5-3-07 3-12-07 850-520-4744 <small>Daytime Phone #</small>	