

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N92000001002

FILED  
Aug 30, 2005  
Secretary of State

Entity Name: STALLWORTH PRESERVE OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5200 W. HWY C-30A  
SANTA ROSA BEACH, FL 32459 US

## New Principal Place of Business:

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

## Current Mailing Address:

5200 W. HWY C-30A  
SANTA ROSA BEACH, FL 32541 US

## New Mailing Address:

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

FEI Number: 59-3160654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNE ALLEN REALTY INC  
5200 W HWY C-3A  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

GORMELY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 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: TERRY P GORMLEY

08/30/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOFF, JOHN  
Address: P.O. BOX 241567  
City-St-Zip: MONTGOMERY, AZ 36124

Title: DST ( ) Delete  
Name: BOWICK, BOBBY  
Address: 617 MAGNOLIA DR  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: WILSON, SYENCE  
Address: 5863 GARDEN RIVER COVE  
City-St-Zip: MEMPHIS, TN 38120

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MITCHELL, SHARON L  
Address: 3034 THE OAKS  
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV (X) Change ( ) Addition  
Name: BOWICK, BOBBY  
Address: 322 FOX DEN CT  
City-St-Zip: DESTIN, FL 32541 US

Title: DS (X) Change ( ) Addition  
Name: SALTER, PAUL  
Address: 200 SALTER PATH  
City-St-Zip: MONTEVALLO, AL 36608 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON LYNN MITCHELL

DP

08/30/2005

Electronic Signature of Signing Officer or Director

Date