

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000002816

1. Entity Name
JOURNEY'S END CONDOMINIUM HOMEOWNERS'
ASSOCIATION, INC.



FILED

08 OCT 27 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6073 W HWY 30-A
SANTA ROSA BEACH, FL 32459 US

Mailing Address
P.O. BOX 1433 5200 Hwy 30A
SANTA ROSA BEACH, FL 32459 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10172008 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
59-3192241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZZO, CHARLES E Dune Allen Realty, Inc
6073 W HWY 30-A 5200 Hwy 30-A
SANTA ROSA BEACH, FL 32459

Name: Dune Allen Realty, Inc
Street Address (P.O. Box Number is Not Acceptable)
5200 Hwy 30-A

City: Santa Rosa Bch FL Zip Code: 32459

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

Sara Beth Godwin

SARA BETH GODWIN

10/17/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2009, Fee will be \$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 DVP
NAME SMITH, DAVID ☐ Delete
STREET ADDRESS 1199 YORKSHIRE
CITY-ST-ZIP BIRMINGHAM, MI 48009

TITLE PD
NAME 100137212781
STREET ADDRESS 10/23/08--01031--004 **61.25
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME GOURT, DAVID
STREET ADDRESS 6073 W HWY 30-A #102
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME NUSSBAUMER, FRED
STREET ADDRESS 366 GOLFVIEW SANDESTIN
CITY-ST-ZIP DESTIN, FL 32550

TITLE DT ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☒ Delete
NAME IZZO, CHARLES
STREET ADDRESS 6073 W HWY 30A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME THOMPSON, LISA
STREET ADDRESS 2620 DOLLY RIDGE RD
CITY-ST-ZIP BIRMINGHAM, AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Change ☒ Addition
NAME Ken Musgrave
STREET ADDRESS 1202 H:11top Dr
CITY-ST-ZIP Albany, GA 31707

REINSTATEMENT
2008

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 another like empowered.

SIGNATURE:

Friedrich L. Lamm

10-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28