

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000003338

FILED  
Mar 19, 2005  
Secretary of State

Entity Name: SEACLIFFS BEACH HOMES ASSOCIATION, INC.

## Current Principal Place of Business:

580 SEA CLIFFS DRIVE  
PORT ST. JOE, FL 32456 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1662  
PORT SAINT JOE, FL 32457 US

## New Mailing Address:

PO BOX 1162  
PORT SAINT JOE, FL 32457 US

FEI Number: 59-3288267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLUE, ROB JR.  
C/O BURKE & BLUE PA  
221 MCKENZIE AVE  
PANAMA CITY, FL 32401 US

## Name and Address of New Registered Agent:

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: ROB BLUE, JR

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WEAVER, DENNIS J  
Address: 580 SEACLIFFS DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: SD ( ) Delete  
Name: WEAVER, JANA R  
Address: 580 SEACLIFFS DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: D ( ) Delete  
Name: WELLS, TAMI  
Address: 721 CHAPELWOOD CIRCLE  
City-St-Zip: MARYVILLE, TN 37804

Title: TD ( ) Delete  
Name: SUMMERS, LAURENCE T  
Address: 1129 SHAGBARK LANE, P.O BOX 23660  
City-St-Zip: LEXINGTON, KY 40523

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WEAVER, DENNIS J  
Address: 580 SEACLIFFS DR  
City-St-Zip: PORT ST JOE, FL 32456

Title: PD (X) Change ( ) Addition  
Name: DAVIDSON, SKIP  
Address: P.O. BOX 27  
City-St-Zip: MIDLAND, GA 31820

Title: VD (X) Change ( ) Addition  
Name: HOWARD, JACK  
Address: 715 6TH AVE  
City-St-Zip: ALBANY, GA 31701

Title: TD (X) Change ( ) Addition  
Name: SUMMERS, LAURENCE T  
Address: P.O. BOX 1162  
City-St-Zip: GEORGETOWN, KY 40324

Title: SD ( ) Change (X) Addition  
Name: HEARD, ANDREA  
Address: 652 SEA CLIFFS DRIVE  
City-St-Zip: PORT ST JOE, FL 32456

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: LAURENCE T SUMMERS

TD

03/19/2005

Electronic Signature of Signing Officer or Director

Date