

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


FILED

07 MAR 19 AM 7:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000005990**

1. Entity Name  
**NANTUCKET COTTAGES OWNERS ASSOCIATION, INC.**



Principal Place of Business  
12815 HWY 98 W  
SUITE 100  
MIRAMAR BEACH, FL 32550 US

Mailing Address  
PO BOX 1779  
DESTIN, FL 32540 US

2. Principal Place of Business - No P.O. Box #  
**50 Monaco St**

3. Mailing Address  
**8955 Highway 98 West**

Suite, Apt. #, etc.  
**Suite 102**

City & State  
**Destin Fl.**

City & State  
**Miramar Beach Fl.**

Zip  
**32550**

Country  
**USA**

Zip  
**32550**

Country  
**USA**



4. FEI Number  
**59-3535051**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMITH, LORETTA  
C/O NEWMAN DAILEY  
12815 HWY 98 W SUITE 100  
MIRAMAR BEACH, FL 32550**

7. Name and Address of New Registered Agent  
Name  
**Angela Rogers**  
Street Address (P.O. Box Number is Not Acceptable)  
**50 Monaco St.**  
City  
**Destin** FL Zip Code  
**32550**

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 Angela Rogers DATE 3/13/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$297.50**

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	P BUCKLEY, SUE 5955 PLANTATION DR ROSWELL, GA 30075 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700095815167</b> <b>04/04/07--01047--008 **297.50</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EIMERS, RICHARD 79 TRANQUILITY LANE DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mathis, William J. PO Box 8571 Dothan, AL 36304 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIS, WILLIAM JR PO BOX 8571 DOTHAN, AL 36304 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Michelle Taylor 1551 Ridge Rd Banger PA 18013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Angela Rogers 50 Monaco St Destin Fl. 32550 <input type="checkbox"/> Change <input checked="" 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
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 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: Angela Rogers Date 3/13/07 Daytime Phone # 850-654-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR