

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N99000001973

**FILED**  
**Oct 15, 2009**  
**Secretary of State**

**Entity Name:** EDGEWOOD TERRACE SUBDIVISION OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

5311 E CO HWY 30 A  
SANTA ROSA BEACH, FL 32549

**New Principal Place of Business:**

184 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32549

**Current Mailing Address:**

5311 E CO HWY 30 A  
SANTA ROSA BEACH, FL 32549

**New Mailing Address:**

184 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32549

**FEI Number:** 59-2998089      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

PRITCHETT, WALTER R  
5311 E CO HWY 30 A  
SANTA ROSA BEACH, FL 32459      US

**Name and Address of New Registered Agent:**

RHEA, CHAD G  
184 EDGEWOOD TERRACE  
SANTA ROSA BEACH, FL 32459      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: CHAD G RHEA

10/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D P      ( ) Delete  
Name: MCCOY, JILL  
Address: 294 EDGEWOOD TERR.  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D S      ( ) Delete  
Name: MONK, BETH  
Address: 154 EDGEWOOD TERRACE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D T      ( ) Delete  
Name: WOLFE, LARRY  
Address: P O BOX 448  
City-St-Zip: MARTINSVILLE, IL 62442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LARRY WOLFE

D T

10/15/2009

Electronic Signature of Signing Officer or Director

Date