

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N99000002169

**FILED**  
**Apr 30, 2013**  
**Secretary of State**

**Entity Name:** SOUTHERN SHORES PROFESSIONAL CENTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5365 E. CTY HWY 30-A  
SEAGROVE BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4762  
SANTA ROSA BEACH, FL 32459 US

**New Mailing Address:**

5365 EAST COUNTY HWY 30-A  
SUITE 108  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 59-3580619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLPHIN DEVELOPERS, LLC  
5008 HWY 98 WEST  
SUITE 2B  
SANTA ROSA BEACH, FL 32459 US

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

YUHAS, BRAD  
5365 EAST COUNTY HWY 30-A  
SUITE 108  
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: BRAD YUHAS

04/30/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: WATSON, FRANKLIN H  
Address: 5365 E. COUNTY HIGHWAY 30A, STE. 103  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: DIR  
Name: MATZ, MIKE  
Address: 5365 E. COUNTY HIGHWAY 30A, STE. 102  
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: PRES  
Name: CHANCEY, WALT  
Address: 5365 E. COUNTY HWY 30A, STE 108  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: WALT CHANCEY

PRES

04/30/2013

Electronic Signature of Signing Officer or Director

Date