

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 728108

1. Corporation Name

WESTLAKE VILLAGE CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

810 VILLAGE WAY
PALM HARBOR FL 34683
US

810 VILLAGE WAY
PALM HARBOR FL 34683
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/26/1973

5. FEI Number

59-1501227

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
T	DERRICK, DAVID CHIP FREEMAN	20 VILLAGE WAY 455 Lakeview Dr.	PALM HARBOR FL 34683
D V	HEYNINGEN, JOHN V	819 HILLSIDE DR.	PALM HARBOR FL 34683
D	TOUHEY, JAMES WOOD	535 HOLLOW RIDGE RD. 540 Sandy Hook Rd	PALM HARBOR FL 34683
D S	GILBERT, PETER JIM REMIS	135 WOODCUTTER LANE 775 MAPLE RIDGE	PALM HARBOR FL 34683
P	GRAY, JEFF GEORGE DOUMANIAN	755 ROLLING HILLS DR. 30 LINDEN LANE	PALM HARBOR FL 34683
D	TORRIE, LORI LORI TORRIE	675 SANDY HOOK RD.	PALM HARBOR FL 34683

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SACKEDIS, JOANNE P
810 VILLAGE WAY
PALM HARBOR FL 34683

Name
Beverly Maunus
Street Address (P.O. Box Number is Not Acceptable)
810 Village Way
Suite, Apt. #, Etc.
City
Palm Harbor
State
FL
Zip Code
34683

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/29/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 Nov 01 (727) 784 3054



REINSTATEMENT 01

CR2040 (8/01)