

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 DEC -8 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **740475**

1. Corporation Name

BAY HARBOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3366 N KEY DR
NORTH FT MYERS FL 33903

Mailing Address

12650 WHITEHALL DR
%BENSON'S
FT MYERS FL 33907
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

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1639672

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | |
|--------------|--------------------------------------|---------------------------------------------------|---------------------------------|
| 1 | 2 | 3 | 4 |
| VD | YOUNG, MAURICE | 3374 N KEY DR E-1 | N FT MYERS FL 33903 |
| SD | KOESTER, IRENE | 3378 N KEY DR D-3 | N FT MEYERS FL 33903 |
| T | HALL, M M | 3364 N KEY DR E-8 | N FT MYERS FL 33903 |
| PD | BUCKLEY, JAMES | 3378 N KEY DR D1 | N FT MYERS FL 33903 |
| D | BEACH, CYNTHIA | 3358 N KEY DR 3F-2 | N FT MEYERS FL 33903 |
| TD | Walter, KATHLEEN | 3354 North Key Dr, F8 | N FT MYERS, FL 33903 |

8. Name and Address of Current Registered Agent

BENSON, MARK R
12650 WHITEHALL DR
FT MYERS FL 33907

9. Name and Address of New Registered Agent

Name
SUSAN KASE
Address (P.O. Box Number is Not Acceptable)
909 SE 47th Terr
Suite, Apt. #, Etc.
Suite 201
City
CAPE CORAL
State
FL
Zip Code
33991

REINSTATEMENT

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 *Susan Kase*
REGISTERED AGENT MUST SIGN

Date 11/30/00

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

11/30/00
Date

334-6222
Daytime Phone #