

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

01 NOV -2 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 742159**

1. Corporation Name  
**SUNSET CAPTIVA HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business P O BOX #194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 US	Mailing Address P O BOX 194 ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924 US
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**REINSTATEMENT**

*2001*

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 <b>03/21/1978</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2055236</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MAGERMAN, ALFIE	43 KNOLLVIEW CRESCENT	WILLIOWDALE ONTARIO CA M2
PD	FENNIMAN, WILLIAM	7 WAINWRIGHT RD #19	WINCHESTER MA
D	SHERLOCK, SUE	7019 HILLCREEK LANE	GATES MILLS OH 44040
T	HANLEY, CHARLES JR	42 GODAIR DRIVE	HINSDALE IL 60521
D	STEGMANN, RICHARD	12910 TAUTON COURT	TOWN & COUNTRY MO 63131
V	TOPKA, TOM	PO BOX 0001	NEW PRAGUE MN 56071

8. Name and Address of Current Registered Agent <b>SOUTH SEAS PLANTATION RESORT 13000 CAPTIVA ROAD ATTN: ASSN. MGMT. CAPTIVA ISLAND FL 33924</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>2000004700952-5</b> City <b>FL</b>	
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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 *Christine Abdalla* **SIGNATURE REQUIRED** Date 10-30-01  
REGISTERED AGENT MUST SIGN

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: *Christine Abdalla* **SIGNATURE REQUIRED** Date 10/31/01 Daytime Phone # 941-472-5111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)