

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

--03 FEB -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751127

1. Corporation Name
HARBOUR BAY CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address
10281 E. Bay Harbor Dr.

3. Mailing Office Address
10281 E. Bay Harbor Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bay Harbor Isl., FL

City & State
Bay Harbor Isl., FL

Zip
33154

Country
USA

Zip
33154

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida Feb. 20, 1980

5. FEI Number
592020995

Applied For
Not-Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 82-03

400009982174
01/09/03--01027--011 **1551.25

7. Name and Address of Current Registered Agent

Name
MICHAEL K. FELDMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1111 Kane Concourse

Suite, Apt. #, Etc.
Suite 200

City
Bay Harbor Islands

State
FL

Zip Code
33154

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/6/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P+D	GARRY GEERSTMA	10281 E. Bay Harbor Dr.	Bay Harbor Isl., FL 33154
VP+D	ROSEMARIE A. PANTON	10281 E. Bay Harbor Dr.	Bay Harbor Isl., FL 33154
D	CAROL SANTANA	10281 E. BAY HARBOR DR	BAY HARBOR ISL FL 33154

10. 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: *Garry B Geerstma* GARRY GEERSTMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/31/02

Daytime Phone #

CR2E081 (9/01)