

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **AND FILED**

98 NOV 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752475**

1. Corporation Name
THE VILLA MARIS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4404 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-4259	4404 S OCEAN BLVD VIRGINIABCH FL 33487 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

4. Date Incorporated or Qualified To Do Business In Florida **05/14/1980**

5. FEI Number **59-2178830**

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

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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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	HANCOCK, MARGARET E	4404-B SO OCEAN BLVD	HIGHLAND BEACH FL
TD	MATTHEWS, SHIRLEY J CAREY E.	4404-D SO OCEAN BLVD	HIGHLAND BEACH FL
VPD	ECHVERRIA, JOSE I	4404-A SO OCEAN BLVD	HIGHLAND BEACH FL
SD	PEREZ, LINDA RAPI SANDA, ALISON	4404-C SO OCEAN BLVD	HIGHLAND BEACH FL
D	SALTER, ANNE	4404-D SO. OCEAN BLVD.	HIGHLAND BEACH FL
D	HANCOCK, FLOYD	4404-D SO. OCEAN BLVD.	HIGHLAND BEACH FL 33407

8. Name and Address of Current Registered Agent

MATTHEWS, ~~SHIRLEY J~~ CAREY E.
4404-D SO. OCEAN BLVD.
HIGHLAND BEACH FL 33487

9. Name and Address of New Registered Agent

Name
Same Agent - NAME CHANGE ONLY

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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 *[Signature]* **REQUIRED** REGISTERED AGENT MUST SIGN Date **11-23-98**

11. This corporation owes or has paid the current year **NOT Liabl** Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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]* **REQUIRED** **ANNE SALTER** 11-23-98 (561) 736-0793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E000 (8/98)