

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 17 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756406

1. Corporation Name
SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC.
3915 S. FLAGLER DRIVE, #116
WEST PALM BEACH, FLORIDA 33405

Principal Place of Business	Mailing Address
Harold Pell Management	205 Worth Avenue #201 Palm Beach, Florida 33480

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

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida
February 1981

5. FEI Number
59-2195774

6. CERTIFICATE OF STATUS DESIRED **SP**

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

1	2	3	4
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
Presid.	Carolyn Zentz D	3915 S. Flagler Drive, #305	West Palm Beach, FL 33405
Vice Presid.	Patricia McCall D	3915 S. Flagler Drive, #309	West Palm Beach, FL 33405
Secret.	Linda McLean D	1701 Kirk Road	West Palm Beach, FL 33406
Treasu.	Richard Harteis D	3915 S. Flagler Drive, #118	West Palm Beach, FL 33405
			500003060195--4 -12/03/93--01017--012 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

Harold Pell
205 Worth Avenue
Palm Beach, Florida 33480

9. Name and Address of New Registered Agent

Name
St. John, Dicker, Caplan, Krivok & Core, P.A.
Street Address (P.O. Box Number is Not Acceptable)
500 Australian Avenue, Clearlake Plaza
Suite, Apt. #, Etc.
Suite 600
City
West Palm Beach
State
FL
Zip Code
33401

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: *Carolyn J. Zentz*
Date: 10/15/99

11. This corporation owes the current year 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)(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: *Carolyn J. Zentz, President* (561) 659-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROLYN J. ZENTZ, PRESIDENT
Date
Daytime Phone #

CR2206 (12/96)