

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

03 APR 23 AM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **NO0000008241**

**1. Corporation Name**

Tarpon Highlands at Lake Tarpon Sail and Tennis Club I  
Condominium Association, Inc.

**2. Principal Office Address**

990 Highland Avenue

Suite, Apt. #, etc.

City & State

Tarpon Springs, Florida

Zip

34689

Country

USA

**3. Mailing Office Address**

P.O. Box 670

Suite, Apt. #, etc.

City & State

Port Richey, Florida

Zip

34673

Country

USA

**REINSTATEMENT 02-03**

**4. Date incorporated or Qualified  
To Do Business in Florida**

12/13/00

**5. FEI Number**

☒ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

R. Carlton Ward

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

Richards, Gilkey, Fite, Slaughter, Pratesi & Ward, P.A.

Suite, Apt. #, Etc.

1253 Park Street

City

Clearwater

State

FL

Zip Code

33756

**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

REGISTERED AGENT MUST SIGN

Date **March 4, 2003**

**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	Jim Wiegman	P.O. Box 670	Port Richey, FL 34673
VP, D, T	Megan Burgess	P.O. Box 670	Port Richey, FL 34673
S, D	Craig Fiebe	P.O. Box 670	Port Richey, FL 34673

**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:

Craig Fiebe

3-13-2003

Date

Daytime Phone #

CR2E081 (10/02)