

112


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -6 AM 9:36

**DOCUMENT # N03000008363**

1. Entity Name  
CITRUS SPRINGS VILLAGE "F" HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
7640 N. WICKHAM RD., STE. 115  
MELBOURNE, FL 32940

Mailing Address  
7640 N. WICKHAM RD., STE. 115  
MELBOURNE, FL 32940

2. Principal Place of Business  
7640 N. Wickham Road  
Suite, Apt. #, etc.  
Suite 101-B

3. Mailing Address  
P.O. Box 410999  
Suite, Apt. #, etc.

City & State  
Melbourne, FL 32940

City & State  
Melbourne, FL

Zip  
32940

Country  
US

Zip  
32941

Country  
US



11012004 REIN-NP CR2E099 (6/04)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
LARKIN, DAVID G  
1900 SOUTH HICKORY ST., STE. A  
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent  
Name: Pat Healy  
Street Address (P.O. Box Number is Not Acceptable):  
1800 W. Hibiscus Blvd.  
City: Melbourne, FL Zip Code: 32901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Pat Healy* DATE: November 11, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Myra K. Haley P.O. Box 410999 Melbourne, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042768610 11/16/04--01018--024 **236.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP Charles Boudreaux P.O. Box 410999 Melbourne, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T, S Kellie Shepard P.O. Box 410999 Melbourne, FL 32941	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kellie Shepard* 11/04/04 (321) 242-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/7/04

2/2

Form **SS-4**  
(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

**COPY**

Type or print clearly.

<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <b>Citrus Springs Village "F" Homeowners Association, Inc.</b>	
<b>2</b> Trade name of business (if different from name on line 1) <b>same</b>	<b>3</b> Executor, trustee, "care of" name <b>Myra K. Haley</b>
<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) <b>P.O. Box 410999</b>	<b>5a</b> Street address (if different) (Do not enter a P.O. box.) <b>7640 N. Wickham Road, Suite 101-B</b>
<b>4b</b> City, state, and ZIP code <b>Melbourne, FL 32941</b>	<b>5b</b> City, state, and ZIP code <b>Melbourne, FL 32940</b>
<b>6</b> County and state where principal business is located <b>Brevard County, Florida</b>	
<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustee <b>Myra K. Haley</b>	<b>7b</b> SSN, ITIN, or EIN <b>316-72-1855</b>

**8a Type of entity** (check only one box)

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> Trust (SSN of grantor)
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> State/local government
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ <b>homeowners assoc.</b>	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> REMIC
	<input type="checkbox"/> Indian tribal governments/enterprises
	Group Exemption Number (GEN) ▶

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>Florida</b>	Foreign country <b>n/a</b>
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**9 Reason for applying** (check only one box)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Created a pension plan (specify type) ▶

**10** Date business started or acquired (month, day, year)  
**incorporated - 09/26/2003**

**11** Closing month of accounting year  
**December**

**12** First date wages or annuities were paid or will be paid (month, day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* . . . . . ▶ **n/a**

**13** Highest number of employees expected in the next 12 months. *Note: If the applicant does not expect to have any employees during the period, enter "-0-."* . . . . . ▶

Agricultural	Household	Other
<b>0</b>	<b>0</b>	<b>0</b>

**14** Check one box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input checked="" type="checkbox"/> Other (specify) <b>homeowners association</b>	<input type="checkbox"/> Retail

**15** Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  
**n/a**

**16a** Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
*Note: If "Yes," please complete lines 16b and 16c.*

**16b** If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

**16c** Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

<b>Third Party Designee</b>	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Myra K. Haley, Director/President**

Signature ▶ Date ▶

Applicant's telephone number (include area code)	( <b>321</b> ) <b>242-6210</b>
Applicant's fax number (include area code)	( <b>321</b> ) <b>242-0476</b>