

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 FEB 15 AM 10:38


SECRETARY OF STATE
ALLAHASSEE, FLORIDA

0710

REINSTATEMENT

100167112351
01/25/10--01054--009 **236.25
CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04000008813
1. Corporation Name
Edgewater Townhomes Property Owners Association, Inc.

2. Principal Office Address - No P.O. Box # 228 St. Charles Ave. Suite, Apt. #, etc. Suite #405 City & State New Orleans, LA Zip 70130 Country USA		3. Mailing Office Address 228 St. Charles Ave. Suite, Apt. #, etc. Suite #405 City & State New Orleans, LA Zip 70130 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida	09/13/2004
5. FEI Number	205245429
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Christine E. Lent

Street Address (P.O. Box Number is Not Acceptable)
100 2nd Ave. North

Suite, Apt. #, Etc.

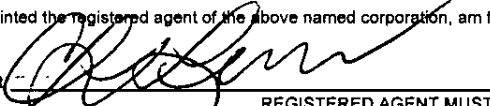
City
St. Petersburg

State
FL

Zip Code
33701

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: 

Date: January 20, 2010

REGISTERED AGENT MUST SIGN

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
President	Stephen P. Duffy	228 St. Charles Ave., #405	New Orleans, LA 70130
Vice President	Joseph G. Hynes	228 St. Charles Ave., #405	New Orleans, LA 70130
Sec/Treas	E. Dale Lindsey, Jr.	228 St. Charles Ave., #405	New Orleans, LA 70130
		M. MILLIGAN EXAMINER	100167112351 02/15/10--01034--017 **61.25
		FEB 17 2010	

10. E-mail Address: sduffy@whitneybank.com
(To be used for future annual report notification)

11. 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. I further certify, 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:  Stephen P. Duffy

Date: 01/20/2010 (504) 586-3485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR