

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
VILLAGIO CONDOMINIUM OWNERS ASSOCIATION, INC.**

Certificate of Status	0
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Corporate Filing Menu

Help

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N06000003290

1. Corporation Name  
VILLAGIO CONDOMINIUM OWNERS ASSOCIATION, INC.

2. Mailing Office Address - Ho P.O. Box #  
13700 Perdido Key Drive

Subs, Apt., etc.

City & State  
Pensacola, FL

Zip  
32607

Country  
US

3. Mailing Office Address  
13700 Perdido Key Drive

Subs, Apt., etc.

City & State  
Pensacola, FL

Zip  
32507

Country  
US

7. Name and Address of Current Registered Agent

Name  
Bruce C. Glassell

Street Address (P.O. Box Number is Not Acceptable)  
13700 Perdido Key Drive

Subs, Apt., Etc.

City  
Pensacola

State Zip Code  
FL 32507

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 607.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/18/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Bruce C. Glassell	P.O. Box 34466	Pensacola, FL 32507
D	Edward A. Canaday	222-2nd Avenue, S.E.	Cullman, AL, 35055
D	William Lagman	P.O. Box 34466	Pensacola, FL 32507

10. E-mail Address:

11. I certify that I am an officer or director of 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 person for declaration has been identified, 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:

Bruce C. Glassell, Director

12/18/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

REINSTATEMENT 08-09

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida 3/23/06

5. FBI Number 20-4561073

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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.

12/23/09  
aw