

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 31 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08790

1. Corporation Name

THE WATERS OF WEEKI WACHEE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9025 CITRUS WAY BROOKSVILLE FL 34607	KAREN BURCAW 11373 CORTEZ BLVD BROOKSVILLE FL 34613 US



REINSTATEMENT

98 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 5465 Commercial Way Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable
City & State Spring Hill FL	City & State
Zip 34606	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/18/1985	
5. FEI Number 59-2698035	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SMART, JOHN M	7275 CRYSTAL SPRING RUN	SPRING HILL FL
VPD	CARADONNA, RICHARD	11307 CORTEZ BLVD	BROOKSVILLE FL
TD	GUARINO, MICHAEL	7268 CRYSTAL SPRING RUN	SPRING HILL FL 34607
S	BURCAW, KAREN	11373 CORTEZ BLVD	BROOKSVILLE FL
D	FLATAU, ARTHUR	11373 CORTEZ BLVD	BROOKSVILLE FL
D	HARRIS, TRACY J	9625 ALONZO RD	RIVERVIEW FL

8. Name and Address of Current Registered Agent NESSLER, PAUL H JR 4052 COMMERCIAL WAY SPRING HILL FL 34606	9. Name and Address of New Registered Agent Name: John A. Dougherty CPA Street Address (P.O. Box Number is Not Acceptable): 5465 Commercial Way Suite, Apt. #, Etc.: 700002732727-2 City: Spring Hill State: FL Zip Code: 34606
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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: John A. Dougherty CPA Date: 12/15/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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)(f), 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: John M. Smart Date: 12/15/98 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)