

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 28 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N24063

1. Corporation Name

LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 950856  
LAKE MARY FL 32795

P.O. BOX 950856  
LAKE MARY FL 32795



300014317973  
03/28/03--01053--024 \*\*61.25

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1987

P O Box 915322

P O Box 915322

5. FEI Number

59-2928310

Applied For

Not Applicable

Longwood, FL. 32791-5322

Longwood, FL. 32791-5322

Zip

Country

USA

Zip

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>PD</del>	<del>COMBS, SEAN</del>	<del>107 LAKEBREEZE CIRCLE</del>	LAKE MARY FL 32746
TD	HOSAELOOK, JASON	246 LAKEBREEZE CIRCLE	
VPD	GANNAWAY, W.A.	161 LAKEBREEZE CIRCLE	LAKE MARY FL 32746
	GRABOFF, NATHAN	441 MAINSAIL COURT	
<del>VPD</del>	HUFFMAN, ROBERT D	213 LAKEBREEZE CIRCLE	LAKE MARY FL 32746
PD			
SD	KELLY, GAIL	350 LAKEBREEZE CIRCLE	LAKE MARY FL 32746
	PAGAN, PANDORA Golemis	249 LAKEBREEZE CIRCLE	LAKE MARY FL 32746
<del>DD</del>	GLOSS, DON	323 LAKEBREEZE CIRCLE	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent

COMBS, SEAN  
197 LAKEBREEZE CIRCLE  
LAKE MARY FL 32746

9. Name and Address of New Registered Agent

Name  
NATIONAL ASSOCIATION MANAGEMENT CO.  
Street Address (P.O. Box Number is Not Acceptable)  
165 W. S. R. 434  
Suite, Apt. #, Etc.

City

WINTER SPRINGS

State

FL

Zip Code

32708

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. or 617.0505, F.S.

Signature of  
Registered Agent

*MARC A. Blum*  
REGISTERED AGENT MUST SIGN

Date 3/4/2003

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 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:

*MARC A. Blum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03  
Date

407-327-5824  
Daytime Phone #