

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N45445

1. Entity Name
**FLAGLER ESTATES AT BREAKERS WEST
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US**

Mailing Address
**G.R.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33463 US**

07 OCT 12 PM 1:42

STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09282007 REIN-NP

CR2E099 (1/07)

City & State

City & State

4. FEI Number
65-0301588

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REITANO, RICHARD
3228 GUNCLUB RD
WEST PALM BEACH, FL 33406**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **REITANO, RICHARD**
STREET ADDRESS **3228 GUNCLUB RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE ☐ Change ☐ Addition
NAME **900110743839**
STREET ADDRESS **10/12/07--01065--003 **61.25**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **YOUNG, JUDY**
STREET ADDRESS **1872 FLAGLER ESTATES DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **LEE, RUBIN**
STREET ADDRESS **1848 FLAGLER ESTATES DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

2007
[Signature]

100307