

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Nathaniel Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 26 AM 10:25

DOCUMENT # N94000005526

1. Corporation Name

EDGEWATER AT GULF HARBOUR YACHT  
AND COUNTRY CLUB PROPERTY OWNERS  
ASSOCIATION, INC.

2. Principal Office Address

24301 WALDEN CTR DR

Suite, Apt. #, etc.

SUITE 300

City & State

BONITA SPRINGS FL

Zip

34134

Country

USA

3. Mailing Office Address

2020 CLUBHOUSE DR.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER, FL

Zip

33573

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/8/94

5. FEI Number

59-3294454

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CULLEN JAMES D.

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

24301 WALDEN CTR. DR.

Suite, Apt. #, Etc.

SUITE 300

City

BONITA SPRINGS

State

FL

Zip Code

34134

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/4/01

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
DD	BEVER, ROBERT C. JR.	2020 CLUBHOUSE DR.	SUN CITY CENTER, FL 33573
STD	JASINSKI, CHRIS	15000 MCGREGOR BLVD	FT. MYERS, FL 33908
VD	RIPOLL, JOHN	15000 MCGREGOR BLVD	FT. MYERS, FL 33908
D	KNISKERN, PHILIP	11211 COMPASS POINT DR.	FT. MYERS, FL 33908
D	SEEDS, STAN	14610 HIGHLAND HARBOUR CT	FT. MYERS, FL 33908

10. 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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/4/01 8363A-3311

Daytime Phone #

CR20081 (8/00)