


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

19 APR 15 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003272

1. Corporation Name

Emerald Pointe Homeowners Association

2. Principal Office Address - No P.O. Box #

1331 Bedford Dr.

3. Mailing Office Address

1331 Bedford Dr.

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32940

Country

US

Zip

32940

Country

US

600328009676  
04/15/19--01015--027 \*\*750.00  
CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 07/11/1995

5. FEI Number 59-3323209  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  
James Kenney

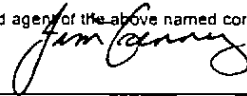
Street Address (P.O. Box Number is Not Acceptable)  
1331 Bedford Dr.

Suite, Apt. #, Etc.  
103

City State Zip Code  
Melbourne FL 32940

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



Date 4/9/19

REGISTERED AGENT MUST SIGN

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
P	Pam Farmer	7648 Candlewick Dr.	Melbourne, FL 32940
VP	Jerry Hartlein	7608 Candlewick Drive	Melbourne, FL 32940
S	Edna Crandall	7636 Candlewick Dr.	Melbourne, FL 32940
T	Randy Palermo	7712 Candlewick Dr.	Melbourne, FL 32940
D	Beatrice Kim	7633 Candlewick Dr.	Melbourne, FL 32940
M	James Kenney	1331 Bedford Dr. Suite 103	Melbourne, FL 32940

10. E-mail Address: jimkenney@fairwaymgmt.com

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Pamela P. Farmer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2019

Date

APR 16 2019