

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # N98000001367

1. Corporation Name

WATERFORD PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1100 LINTON BLVD.
SUITE C-4
DELRAY BEACH FL 33444

1100 LINTON BLVD.
SUITE C-4
DELRAY BEACH FL 33444

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1998

5. FEI Number 65-1091970

Applied For

APPLIED FOR

Not Applicable

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
PD	WALSH, MARK	1100 LINTON BLVD.	DELRAY BEACH FL 33444
VSTD	WALSH, MICHAEL	1100 LINTON BLVD.	DELRAY BEACH FL 33444
VD	MCMURRAIN, THOMAS T	1100 LINTON BLVD.	DELRAY BEACH FL 33444
D	WALSH, WILLIAM	1100 LINTON BLVD.	DELRAY BEACH FL 33444

REINSTATEMENT 00-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRITCHFIELD, RICHARD H
1100 LINTON BLVD.
SUITE C-4
DELRAY BEACH FL 33444

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 500004431035--7
City ***236, State FL Zip 33426.25

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

SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN

Date

5/17/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark Walsh

Date

4/30/01

Daytime Phone #

561-279-9900

CR2E040 (8/00)

FILED
01 MAY 22 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/01/00 90026 010 \$61.25

