

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 26 PM 1:46

DOCUMENT # 761766

1. Corporation Name

TUSKAWILLA RIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708
US

1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708
US



REINSTATEMENT

00

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

02/05/1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0102284

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VD	MAROLLA, MARIA	1174 SADDLEHORN CIRCLE	WINTER SPRINGS FL 32708
PD	ST ONGE, PHILIP	1198 SADDLEHORN CIRCLE	WINTER SPRINGS FL 32708
SD	RALEY, CHRIS	1126 SADDLEHORN CIRCLE	WINTER SPRINGS FL 32708
			500003460015--0 -11/13/00--01003--013 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ST ONGE, PHILIP J.
1198 SADDLEHORN CIRCLE
WINTER SPRINGS FL 32708

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (800)

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

Date 10/26/00

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

407 321-4500

Daytime Phone #