

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 13 PM 2:04

DOCUMENT # N02144

1. Corporation Name

LAKESIDE VILLAGE "ON LAKE GRIFFIN" HOMEOWNERS'
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2261 LAKESIDE DR.
LEESBURG FL 34788
US

2261 LAKESIDE DR.
LEESBURG FL 34788
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

02/13/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2392774

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SD D	WHITE, BEVERLY	1221 GROVE	LEESBURG FL 34788
P	MCNEILLY, JAMES	3335 DALE ST	LEESBURG FL 34788
SD D	LEWIS, ROLAND RITA DUSSAULT	3315 DALE STREET	LEESBURG FL 34788
D	CLARK, JACK	1201 PEAR LN.	LEESBURG FL 34788
TD	HEINTZEN, PHILIP	2261 LAKESIDE DRIVE	LEESBURG FL 34788

8. Name and Address of Current Registered Agent

HEINTZEN, PHILIP
2261 LAKESIDE DR.
LEESBURG FL 34788

9. Name and Address of New Registered Agent

Name

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

200003509402--6

Suite, Apt. #, Etc.

-12/20/00--01086--032
*****175.00 *****175.00

City

State

Zip Code

FL

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

Philip Heintzen
REGISTERED AGENT MUST SIGN

Date

12/1/00

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.

PHILIP HEINTZEN

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-12/20/00--01086--032

*****61.25 *****61.25

SIGNATURE:

Philip Heintzen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/1/00

Daytime Phone #