PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 FEB 14 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000007085**

1. Corporation Name

THE POOLS AT WINDWARD PASSAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~%2475 ENTERPRISE ROAD STE. 100 CLEARWATER FL 33763~~	~~%2475 ENTERPRISE ROAD STE. 100 CLEARWATER FL 33763~~

REINSTATEMENT 01-02

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
219 Windward Passage	219 Windward Passage
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Clearwater, FL	Clearwater, FL
Zip: 33767 Country: USA	Zip: 33767 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/14/1998

5. FEI Number: 59-3594786 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~DP~~	~~GEIGER, RICHARD~~	~~%2475 ENTERPRISE ROAD STE. 100~~	~~CLEARWATER FL 33763~~ LS
~~DT~~	~~DOHERTY, JOSETTE~~	~~%2475 ENTERPRISE ROAD STE. 100~~	~~CLEARWATER FL 33763~~
~~DS~~	~~GEIGER, JOHN~~	~~%2475 ENTERPRISE ROAD STE. 100~~	~~CLEARWATER FL 33763~~
PSD	Joseph W Gaynor	219 Windward Passage	Clearwater, FL 33767
VD	Heather Brock	211 Windward Passage	Clearwater, FL 33767
TD	Robert McGivney	221 Windward Passage	Clearwater, FL 33767

8. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
%2475 ENTERPRISE ROAD STE. 100
CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name: Joseph W Gaynor
Street Address (P.O. Box Number is Not Acceptable): 219 Windward Passage
Suite, Apt. #, Etc.:
City: Clearwater State: FL Zip Code: 33767

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****238.75

CR2E040 (8/01)

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.

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

Signature of Registered Agent: SIGNATURE REQUIRED
Joseph W Gaynor ← REGISTERED AGENT MUST SIGN
Date: 12-27-01

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 REQUIRED Joseph W. Gaynor 12-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #