

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -5 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

757616

1. Corporation Name

HARBOR GREEN Condominium
ASSOC., INC.

2. Principal Office Address

C/O SCPM

3. Mailing Office Address

Same

Suite, Apt. #, etc.

1617 Cooling Ave.

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Zip

Country

32935

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2182572

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

SPACIA Coast Property Management of Brevard Inc

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

1617 Cooling Avenue

Suite, Apt. #, Etc.

City

Melbourne, FL

State
FL

Zip Code

32935

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

Cynthia Mann
REGISTERED AGENT MUST SIGN

Date

10/17/02

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/D	Helen Dertinger	2775 N. Wickham Rd #106	Melbourne, FL 32935
T/D	Dick Tangen	2775 N Wickham Rd #302	Melbourne FL 32935
S/D	GIEGER, JUNE	2775 N Wickham Rd #204	Melbourne, FL 32935

800009418828

12/09/02--01050--031 **735.00

10. 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: x

Helen M. Dertinger, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02 321 7579609

Daytime Phone #

CR2E081 (9/01)

7512/5