

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000010493**

1. Corporation Name

HEATHERWOOD LAKES PROPERTY ASSOCIATION, INC

2. Principal Office Address

OMNI MANAGEMENT SERVICES

Suite, Apt. #, etc.

1879 IVORY CANE POINTE

City & State

NAPLES, FLORIDA

Zip

34119

Country

USA

3. Mailing Office Address

OMS

Suite, Apt. #, etc.

1879 IVORY CANE POINTE

City & State

NAPLES, FLORIDA

Zip

34119

Country

USA

CR2E08178/05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-3816357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TIM LOEHR

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

1879 IVORY CANE POINTE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34119

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

Tim Loehr

Date **Nov 21, 05**

REGISTERED AGENT MUST SIGN

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
PO	SCOTT OSMOND	13100 WESTLINKS TERRACE	FT. MYERS FL 33913
D	NORM HASH	13100 WESTLINKS TERRACE	FT. MYERS FL 33913
SAD	STEVE WILLIAMS	13100 WESTLINKS TERRACE	FT. MYERS FL 33913

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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:

Scott Osmond

Scott Osmond

President

Heatherwood Lakes

Homeowner's Association

11/28/05

Date

239-561-2400

Daytime Phone #