

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE
AND
SIGN

06 MAY 17 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03534**

1. Corporation Name

**Palm Beach Villas Homeowners
Association, Inc.**

REINSTATEMENT

1999-2006 RSC

2. Principal Office Address

2926 S.E. Fairway West

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

USA

3. Mailing Office Address

2926 S.E. Fairway West

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34997

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-8-84

5. FEI Number

☒ 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

Robert G. Rydzewski, Jr., Esquire

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

Cornett, Google & Associates, P.A.

Suite, Apt. #, Etc.

401 East Osceola Street

City

Stuart

State

FL

Zip Code

34994

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

Rola A. Rydzewski
REGISTERED AGENT MUST SIGN

Date **4-28-06**

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	Elizabeth I. Board	2926 ^{S.E.} Fairway West	Stuart, FL 34997
VP	Pearl White	2930 ^{S.E.} Fairway West	Stuart, FL 34997
S	Charles W. Shlimbaum	2928 ^{S.E.} Fairway West	Stuart, FL 34997
T	Helena P. Hanan, trustee	2924 ^{S.E.} Fairway West	Stuart, FL 34997

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 contained in Chapter 119, 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:

Helena P. Hanan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06
Date

Daytime Phone #