

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 701976

1. Corporation Name

HARBOR HILLS PROPERTY OWNERS ASSOCIATION, INC.

03 APR 29 AM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 1121
LARGO FL 34043-1121
33779

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LARGO FL 34043-1121
33779

REINSTATEMENT 02-03

300014411353
03/20/03--01053--001 **297.50

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

01/31/1961

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6174810

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|-------------------------|
| S | BANKS, MARILYN Lowe, Ron | 3733 MOBAY CREEK DR 1691 Harbor Circle E. | LARGO FL 33770 |
| VP | MCFADDEN, MICHAEL | 4490 CLEARWATER HARBOR DR. | LARGO FL 33770 |
| T | Boos, Cara | 3698 Shady Bluff Drive | Largo, FL 33770 |
| D | CRONE, DON | 3872 HARBOR HILLS DR | LARGO FL 33770 |
| D | Wilson, Bonnie | 3697 Shady Bluff Drive | Largo, FL 33770 |
| P | PHILLIPS, PEGGY | 3716 MCKAY CREEK DR | LARGO FL |
| D | Josephine Grover | 1670 Clearwater Harbor | Largo, FL 33770 |
| D | MUNYAN, RALPH Downey, Betty | 4542 HARBOR HILLS DR 1873 Clearwater Harbor Dr. | LARGO FL |
| D | SCELZI, FRANK | 4035 HARBOR HILLS DRIVE | LARGO FL |
| D | Adams, James | 1694 McKay Creet | Largo, FL 33770 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBB, JERRY C., ESQUIRE
501 S. FT. HARRISON AVENUE
SUITE 206

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

LARGO FL 34616 33756
CLEARWATER

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/22/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/03

Daytime Phone #

CR2E040 (8/02)