

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 15 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 710260

1. Corporation Name

SEA CASTLE ASSOCIATION INC.

Principal Place of Business

1001-1019 SEASIDE DRIVE  
SARASOTA FL 34242

Mailing Address

1001-1019 SEASIDE DRIVE  
SARASOTA FL 34242

*[Handwritten signature]*



REINSTATEMENT 2003

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1966

5. FEI Number

59-0830089

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MAGEE, DAVE	1015 SEASIDE DR	SARASOTA FL 34242
VP	NELSON, DALE	1003 SEASIDE DR	SARASOTA FL 34242
S	MCMAHON, LESLIE	1017 SEASIDE DR	SARASOTA FL 34242
D	AMAN, WILLIAM	1001 SEASIDE DRIVE	SARASOTA FL 34243
D	PASKET, IRMGARD	1019 SEASIDE DR	SARASOTA FL 34242
T	RASH, LILLIAN S	1009 SEASIDE DR	SARASOTA FL 34242

8. Name and Address of Current Registered Agent

NELSON, DALE  
1003 SEASIDE DRIVE  
SARASOTA FL 34242

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

900023858229  
10/16/03--01066--014 \*\*236.25

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

*[Handwritten signature: Dale Nelson]*

REGISTERED AGENT MUST SIGN

Date

Oct 10, 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:

*[Handwritten signature: David S. Magee]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-11-03  
Date

941-346-0322  
Daytime Phone #

CR2E040 (7/03)