

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 OCT -5 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 727098

1. Corporation Name

Country Club Manor Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #

800 West 25th St.

3. Mailing Office Address

800 W. 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Sanford, Florida

City &amp; State

Sanford, Florida

Zip

Country

32771-4284 Seminole

Zip

Country

32771-4284 Seminole

4. Date Incorporated or Qualified  
To Do Business in Florida

08-106/1973

5. FEI Number

591842534

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

Glenda Pierce, Secretary/Treasurer

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

832 W. 25th Street

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771-4284

800240629138

10/09/12--01033--009 \*\*367.50

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

Glenda Pierce

Date 9-6-12

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
Pres.	Rafael D. Lorenzo	824 W. 25th Street	Sanford FL-32771
V. Pres.	Margaret McCann	830 W. 25th Street	Sanford FL-32771
Secy.	Glenda Pierce	832 W. 25th Street	Sanford FL-32771
Dir.	Frances Lutzenhizer	812 W. 25th Street	Sanford FL 32771
Dir.	Brian Stalwaker	802 W. 25th Street	Sanford FL 32771

10. E-mail Address: Splitone66@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Glenda Pierce

9-6-12

Date

Daytime Phone #

407-12  
324-5604