


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2016 APR 15 PM 2:45

RECEIVED

CR2E081 (11/10)

000284623560
04/15/16--01012--005 **236.25

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 731980			
1. Corporation Name HARBOUR POINT HOMEOWNERS ASSOCIATION, INC.			
2. Principal Office Address - No P.O. Box # 1152 HARBOUR POINT DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 1152 HARBOUR POINT DRIVE Suite, Apt. #, etc.	
City & State PORT ORANGE, FL		City & State PORT ORANGE, FL	
Zip 32127	Country USA	Zip 32127	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 02/26/1975		5. FEI Number 59-1665263	
6. CERTIFICATE OF STATUS DESIRED NO		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name FRANCES DAVIS Street Address (P.O. Box Number is Not Acceptable) 1242 HARBOUR POINT DRIVE Suite, Apt. #, Etc.		8. Additional Fee required for a Certificate of Status \$8.75	
City PORT ORANGE		State FL	Zip Code 32127
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S. Signature of Registered Agent <u>Frances Davis</u> Date <u>4/14/16</u> 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
President	JOHN NORTON	1123 HARBOUR POINT DRIVE	PORT ORANGE, FL 32127
Vice President	VIOLA KIRK	1126 HARBOUR POINT DRIVE	PORT ORANGE, FL 32127
Secretary	FRANCES DAVIS	1242 HARBOUR POINT DRIVE	PORT ORANGE, FL 32127
Director	JODY JERGENS	1114 HARBOUR POINT DRIVE	PORT ORANGE, FL 32127
Director	WALTER BARTON	1205 HARBOUR POINT DRIVE	PORT ORANGE, FL 32127
10. E-mail Address: FRANDAVIS2@YAHOO.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 this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.			
SIGNATURE: <u>John D. Norton</u>		DATE: <u>4-14-16</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # <u>984-6894</u>	