

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **742901**

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SPANISH PINES FOURTH AND FIFTH ADDITION, INC.

Principal Place of Business Mailing Address
~~1235 ALHAMBRA CT.~~ ~~1235 ALHAMBRA CT.~~
~~PALM HARBOR FL 34683~~ ~~PALM HARBOR FL 34683~~

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

2. New Principal Office Address, If Applicable
1214 Bolivar Ct.
 Suite, Apt. #, etc. **Palm Harbor, Fla.**
 City & State
 Zip **34683** Country

3. New Mailing Office Address, If Applicable
1214 Bolivar Ct.
 Suite, Apt. #, etc. **Palm Harbor, Fl.**
 City & State
 Zip **34683** Country

REINSTATEMENT 08-99

4. Date Incorporated or Qualified To Do Business in Florida **05/17/1978**

5. FEI Number **NOT APPLICABLE** 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CAMPBELL JASPER W JR. SCHAFFNER, KEITH J.	1235 ALHAMBRA CT. 1214 BOLIVAR CT.	PALM HARBOR FL 34683
SD	RICHARDS JAY F CARPENTER, JOAN	1282 CORDOBA CT. 1238 CORDOBA CT.	PALM HARBOR FL 34683
TD	WEST, DEBORAH A	1280 BOLIVAR CT.	PALM HARBOR FL 34683
			3000002768453-6 -02/08/99--01170--007 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

~~KILGORE, SIDNEY W.P.A.~~
~~6TT DRUID ROAD EAST~~
~~SUITE 107~~
~~CLEARWATER FL 34616~~

9. Name and Address of New Registered Agent

Name **SCHAFFNER, KEITH J.**
 Street Address (P.O. Box Number is Not Acceptable)
1214 BOLIVAR CT.
 Suite, Apt. #, Etc.
 City **PALM HARBOR** State **FL** Zip Code **34683**

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.

Signature of Registered Agent *Keith Schaffner* REGISTERED AGENT MUST SIGN Date **1-20-99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Keith Schaffner* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1-20-99** (27)784-8488 Daytime Phone #

CR2E040 (9/98)