


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. PALM HARBOR FL 34683		1235 ALHAMBRA CT. 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, FL. City & State		3. New Mailing Office Address, If Applicable 1214 Bolivar Ct. Suite, Apt. #, etc. Palm Harbor, FL. City & State	
Zip	Country	Zip	Country
34683		34683	
4. Date Incorporated or Qualified To Do Business in Florida 05/17/1978			
5. FEI Number NOT APPLICABLE			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	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 CARTENTER, JOAN	1282 CORDOBA CT. 1238-CORDOBA CT.	PALM HARBOR FL 34683
TD	WEST, DEBORAH A	1280 BOLIVAR CT.	PALM HARBOR FL 34683
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
KILGORE, SIDNEY W.P.A. 611 DRUID ROAD EAST SUITE 107 CLEARWATER FL 34616		Name SCHAFFNER, KEITH J. Street Address (P.O. Box Number is Not Acceptable) 1214-BOLIVAR CT. Suite, Apt. #, Etc. City PALM HARBOR	
		State	Zip Code
		FL	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 Date 1-20-99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/>			
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		1-20-99 (27) 784-8488 Date Daytime Phone #	

99 JAN 25 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-99

3000002768453-6
-02/08/99--01170--007
****297.50 ****297.50

CR2E040 (9/98)