

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 744882

1. Corporation Name

PORT SALERNO VILLAGE PHASE I HOMEOWNERS ASSOCIATION

Principal Place of Business

Mailing Address

PO BOX 69174  
STUART FL 34997  
US

PO BOX 69174  
STUART FL 34997  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1978

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WETMORE, LISA	4413 SE VILLAGE RD.	STUART FL 34997
VPD	WESTMORE, WILLIAM	4413 SE VILLAGE RD	STUART FL 34997
D	HISCOX, WILLARD	1418 SE PENNSYLVANIA LANE	PALM CITY FL 34997

800023869538  
10/17/03--01018--010 \*\*61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROSS, DEBORAH L ESQ.  
401 E. OSCEOLA ST.  
STUART FL 34994

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

oct 13 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

oct 13 03

Daytime Phone #

CR2E040 (7/03)

COVE RIDGE / PORT SALERNO VILLAGE I  
HOMEOWNER'S ASSOCIATION, INC.  
POST OFFICE BOX 6174  
STUART, FLORIDA 34997-0174  
561-223-5270

October 13, 2003

To whom it may concern

Please waive my reinstatement fee due to the fact that I never received my  
2003 uniform business report to pay the annual fee.

Thank you in advance for your consideration

For the Board



William Wetmore

Port Salerno Village Home Owners Association Phase 1 Vice President