

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Andrea B. Matheson  
Secretary

DIVISION OF CORPORATIONS

FILED

08 JUN -7 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 748377

1. Corporation Name

TREASURE COAST COMMUNITIES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 0882  
STUART FL 34995-0882  
US

PO BOX 0882  
STUART FL 34995-0882  
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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/07/1979

5. FEI Number

59-1976860

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
D	WALLS, PRESTON	1961 PALM CITY ROAD, APT. F	STUART FL 34994
VP	MCCORMICK, MARY ELLEN	1800 SE ST. LUCIE BLVD.	STUART FL 34996
TD	PAYNE, KEVIN C	33 FLAGER AVE	STUART FL 34994
SD	<del>CHRISTIE, LOUISE</del> RICHARD NODMAN	<del>2600 SE OCEAN BLVD A E-1</del> 4300 SE ST LUCIE BLVD	STUART FL 34996 34997
PD	MALONE, BERNARD	803-1 CENTRAL PKWY	STUART FL 34994
SD	HARRIS, JEAN	624 ST LUCIE CRESCENT	STUART FL 34994

8. Name and Address of Current Registered Agent

CORNETT, JANE L.  
401 E. OSCEOLA ST.  
RIVER OAKS CENTER  
STUART FL 34995

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300002903683-4

06/14/99-01016-007

\*\*\*29156 2000297.50

FL

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

REGISTERED AGENT MUST SIGN

Date 1-6-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/98 (561) 283-2356  
Date D type Phone #