

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749432

1. Corporation Name
Four Seasons Property Owners Association, Inc.

100004625991--6
-10/08/01--01020--009
****726.25 ****726.25

W01-21859

2. Principal Office Address
1407 WINDSWEEP AV

3. Mailing Office Address
1407 WINDSWEEP AV.

REINSTATEMENT 93-01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
10/22/79

City & State
NAPLES, FL

City & State
NAPLES, FL

5. FEI Number
650213795

Zip Country
34109 USA

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34109 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
William A. Donovan, Attorney

Street Address (P.O. Box Number is Not Acceptable)
2671 Airport Road South

Suite, Apt. #, Etc.
Suite 304

City
Naples, Florida

State
FL

Zip Code
34112

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *W.A. Donovan* Date *9.14.01*
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
Pres.	<i>AL Beaudette</i>	<i>9207 Autumn Haze Dr</i>	<i>Naples, FL 34109</i>
V. PRES.	<i>DAN GARREN</i>	<i>9404 Autumn Haze Dr</i>	<i>Naples, FL 34109</i>
TREAS.	<i>KEVIN HEALD</i>	<i>1407 WINDSWEEP AV.</i>	<i>NAPLES, FL 34109</i>
Secy	<i>JO VACCARO</i>	<i>1941 Curling Av.</i>	<i>Naples, FL 34109</i>

10. 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: *Kevin Heald, Treasurer* Date *9/14/01* Daytime Phone # *591-4430*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)