

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, FILED

APPLICATION  
FOR  
REINSTATEMENT



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

AND  
FILED

98 NOV 18 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 754512

1. Corporation Name

HARBOUR'S EDGE OWNER'S ASSOCIATION, INC.

Principal Place of Business

4010 THOMAS DR  
PANAMA CITY BEACH FL 32408-4394

Mailing Address

4010 THOMAS DR  
PANAMA CITY BEACH FL 32408-4394

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**

98

10/07/1980

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2771313

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PTD	ZENZ, GARY	4010 THOMAS DRIVE	PANAMA CITY BEACH FL 32408
SD	<del>RENEE G. GARDNER</del> David Durnbaugh	4010 THOMAS DRIVE	PANAMA CITY BEACH FL 32408
VD	<del>EDNA HUM</del> Edna Hum	4010 THOMAS DRIVE	PANAMA CITY BEACH FL 32408
T	<del>VERNON G. GARDNER</del> David Durnbaugh	4010 THOMAS DRIVE	PANAMA CITY BEACH FL 32408
			700002695227--8 -11/24/98--D1040--020 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~VERNON G. GARDNER~~ David Durnbaugh  
4010 THOMAS DR  
PANAMA CITY BEACH FL 32408

Name David Durnbaugh  
Street Address (P.O. Box Number is Not Acceptable)  
8623-N. Lagoon Dr. D-6  
Suite, Apt. #, Etc.

City Panama City Beach

State FL

Zip Code 32408

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

*David Durnbaugh*  
**NOTARIAL REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-16-98

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)(l), 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:

*David Durnbaugh*  
**NOTARIAL REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-98-850-234-0546

CR2EM40 (9/88)