

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 DEC -4 PM 12:40

DOCUMENT # 757474

Corporation Name

House Owners Association, Inc.

800419888238
12/04/23--01034--016 **2012.90

Principal Office Address - No P.O. Box #

River Drive

3. Mailing Office Address

73 River Drive

Apt. #, etc

Unit 2

Suite, Apt. #, etc

Unit 2

State

Ocean Ridge, FL

City & State

Ocean Ridge, FL

135

Country
US

Zip

33435

Country
US

CR2E061 (11/10)

4. Date Incorporated or Qualified 3/30/1981
To Do Business in Florida

5. FEI Number
59-2206584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Kevin R. Logan

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

73 River Drive

Apt. #, Etc

Unit 2

Ocean Ridge

State
FLZip Code
33435

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 _____ Date _____
REGISTERED AGENT MUST SIGN

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Names	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Kevin R. Logan	73 River Drive, Unit 2	Ocean Ridge, FL 33435
D	Oleg Chigrin	74 River Drive	Ocean Ridge, FL 33435
D	Linnea Polischuk	6644 N. Ocean Boulevard	Boynton Beach, FL 33435

REINSTATEMENT

R. HUNT

12/04/23

E-mail Address: loganig@comcast.net

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Kevin R. Logan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin R. Logan

Date

Daytime Phone #

561-445-1515