

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAY -4 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 757939

**1. Corporation Name**

SPRING CREEK VILLAGE MOBILE  
HOMEOWNERS ASSOCIATION, INC.

**2. Principal Office Address**  
24647 South Seas Blvd.

Suite, Apt. #, etc.

**City & State**  
Bonita Springs, Florida

**Zip Country**  
34134 USA

**3. Mailing Office Address**  
24647 South Seas Blvd.

Suite, Apt. #, etc.

**City & State**  
Bonita Springs, Florida

**Zip Country**  
34134 USA

**REINSTATEMENT** 93-00

**4. Date Incorporated or Qualified  
To Do Business in Florida** 5/8/1981

**5. FEI Number** 59-2372299  
**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**

GARY BROWN

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

4688 Pago Pago

**Suite, Apt. #, Etc.**

**City**

Bonita Springs

**State**

FL

**Zip Code**

34134

**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**

REGISTERED AGENT MUST SIGN

**Date** 4/28/00

**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
	SEE ATTACHED		

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. BROWN

**Date**

4/28/00

**Daytime Phone #**

941-598-1600

CR2E081 (9/99)

2 of 2

*Law Offices of*  
*Ralph A. Richardson & Associates, P.A.*

*27725 Old 41 Road, Suite 103*  
*Bonita Springs, Florida 34135*

*Carol R. Brugger*

*Ralph A. Richardson*  
*Of Counsel*

*Telephone (941) 992-2031*

*Fax (941) 992-0723*

SPRING CREEK VILLAGE MOBILE  
HOMEOWNERS ASSOCIATION, INC.

<u>Titles</u>	<u>Name of Officers/Directors</u>	<u>Street Address</u>	<u>City/State/Zip</u>
D/P	Joseph Schaad	24647 South Seas	Bonita Springs, FL 34134
D/V-P	Gary Brown	4688 Pago Pago	Bonita Springs, FL 34134
D	John Gibson	24872 Windward	Bonita Springs, FL 34134
D/T	David Edwards	4692 Pago Pago	Bonita Springs, FL 34134
D	Edward Florian	4749 Tahiti	Bonita Springs, FL 34134
D	Richard Ellingwood	4680 Bali Hai	Bonita Springs, FL 34134
D/Co-Sec.	Rose Higgins	24937 Windward	Bonita Springs, FL 34134
D/Co-Sec.	Phyllis Gidley	4709 Leilani	Bonita Springs, FL 34134
D/Co-Sec.	Emma Smith	24660 Windward	Bonita Springs, FL 34134