

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 759777

1. Entity Name
TOWNHOMES OF INDIALANTIC BY-THE-SEA
HOMEOWNERS ASSOCIATION, INC.



2008 DEC -4 AM 10: 05

Principal Place of Business
DAVID RESTARICK
105 11TH AVENUE
INDIALANTIC, FL 32903 US

Mailing Address
TOWNHOMES OF INDIALANTIC
P.O. BOX 4078
INDIALANTIC, FL 32903 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
59-2518234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESTARICK, DAVID
105 11TH AVENUE
INDIALANTIC, FL 32903

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$51.25
After January 1, 2009, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME RESTARICK, DAVID
STREET ADDRESS 105 11TH AVE.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400138440284
CITY-ST-ZIP 12/04/08--01033--001 **61.25

TITLE D ☐ Delete
NAME KJELLSTROM, ELVING
STREET ADDRESS 1090 N. HWY AIA
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MCGEE, DOROTHY A
STREET ADDRESS 109 11TH AVE.
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

12/2/08