

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

SEP 16 10 16 AM '99  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 1100908

1. Corporation Name  
COUNTRY CLUB VILLAS OWNER ASSOCIATION INC.

Mailing Address Principal Place of Business  
1830 TURNBERRY TERRACE  
ORLANDO FL 32804

REINSTATEMENT

CO-OP  
7/11/99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date incorporated or Qualified To Do Business in Florida  
FEB 9, 1983

City & State

City & State

5. FEI Number  
59-2277921

Applied For

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D PRES	WILLIAM R. GORDON	1882 TURNBERRY TERRACE ORLANDO, FL 32804	ORLANDO, FL 32804
D VP	MAURICE R. YEAGER	1425 GEN EAGLES WAY ORLANDO, FL 32804	ORLANDO, FL 32804
D TRS	JOE COATS	1831 TURNBERRY TERRACE ORLANDO, FL 32804	ORLANDO, FL 32804
D SECT	MARTHA JONES	1768 TURNBERRY TERRACE ORLANDO, FL 32804	ORLANDO, FL 32804

400002914944--E  
-06/24/99--01101--010  
\*\*\*\*787.50 \*\*\*\*787.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
JOE R. COATS  
Street Address (P.O. Box Number is Not Acceptable)  
1831 TURNBERRY TERRACE  
Suite, Apt. #, Etc.  
City  
ORLANDO  
State  
FL  
Zip Code  
32804

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  
Joe R. Coats  
REGISTERED AGENT MUST SIGN

Date 4-26-99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Joe R. Coats  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 4-26-99  
Daytime Phone # 407-523-6376

CR2000 (9/94)