

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR -5 AM 11:35

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DOCUMENT # 768178

1. Corporation Name

The Shaker Tree Property Owners  
Association, Inc.

200091534282  
03/07/07--01004--017 \*\*1531.25

**REINSTATEMENT 86-07**

CR2E081 (12/05)

2. Principal Office Address

5015 SE 39 Court

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

Marion

3. Mailing Office Address

5015 SE 39 Court

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

Marion

4. Date Incorporated or Qualified  
To Do Business in Florida

4/27/1983

5. FEI Number

20-8535666

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

Linda L. Winchenbach

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

5015 SE 39 Court

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34480

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

*Linda L. Winchenbach*

Date 2/23/07

REGISTERED AGENT MUST SIGN

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
P	Linda L. Winchenbach	5015 SE 39 Ct.	Ocala, FL 34480
V	Anne R. Hill	4966 SE 39 Ct.	Ocala, FL 34480
S/T	Barbara L. Luttrell	4934 SE 39 Ct.	Ocala, FL 34480
D	Carl N. Dann	4900 SE 39 Ct.	Ocala, FL 34480
D	James P. Hill	4966 SE 39 Ct.	Ocala, FL 34480
D	William M. Kirk	4901 SE 39 Ct.	Ocala, FL 34480

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 contained in Chapter 119, 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:

*Linda L. Winchenbach* Linda L. Winchenbach 2/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-  
694-  
6881