

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

03 OCT 10 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770248

1. Corporation Name

PVSW HOMEOWNERS' ASSOCIATION, INC.

REINSTATEMENT 2003

200023707142

10/10/03--01046--011 **236.25

200023707142

10/10/03--01046--012 **8.75

Handwritten initials

2. Principal Office Address

1504 Windjammer Lane

3. Mailing Office Address

1504 Windjammer Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

Zip

32084

Country

USA

Zip

32084

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/1983

5. FEI Number

59-2433779

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

Wayne Tubel

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

1504 Windjammer Lane

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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

Handwritten signature of Wayne Tubel

REGISTERED AGENT MUST SIGN

Date 10/8/2003

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
PD	Wayne Tubel	1905 Windjammer Lane	St. Augustine, Florida 32084
VPD	Bob Blake	1602 Windjammer Lane	St. Augustine, Florida 32084
TD	Kay Neff	1904 Windjammer Lane	St. Augustine, Florida 32084
SD	Bob Killmon	4404 Seagate Lane	St. Augustine, Florida 32084

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)(i), 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:

Handwritten signature of Bob Blake

Bob Blake

10/8/2003

904 829-1445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)