

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 28 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 770810

1. Corporation Name

CAPTAIN'S QUARTERS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9141 LAKE DRIVE  
ENGELWOOD FL 34224-8906

9141 LAKE DRIVE  
ENGELWOOD FL 34224-8906

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2357417

Applied For

Not Applicable

City & State

Crawfordville

City & State

Crawfordville FL

Zip

Country

Zip

Country

32327 GAZELON

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status.



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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	KAZAKIAN, JOHN	8178 ROBERTS	ENGLEWOOD FL 34224
TD	ELFNER, LLOYD F.	65 CONNIE DR	CRAWFORDVILLE FL 32327
SD	ROSSA, FRED	9141 LAKE DR #103	ENGELWOOD FL 34224
ATD	ELFNER, ROBERT	9141 LAKE DR #101	ENGELWOOD FL 34224
			100003039851--4 -11/09/99--01068--018 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ELFNER, LLOYD F.  
RTE. 2 BOX 4390-82  
CRAWFORDVILLE FL 32327

Name ELFNER, Lloyd F.  
Street Address (P.O. Box Number is Not Acceptable) 65 Connie Dr  
Suite, Apt. #, Etc.  
City Crawfordville State FL Zip Code 32327

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

*Lloyd F. Elfner*  
REGISTERED AGENT MUST SIGN

Date

10-26-99

11. 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:

*Lloyd F. Elfner* T.D

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-26-99 82926538