

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 770881</b>	
1. Entity Name <b>OUTLOOK VILLAGE CONDOMINIUM ASSOCIATION INC.</b>	



**FILED**

2009 JAN 13 A 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>6301 58TH STREET NORTH "OFFICE" PINELLAS PARK, FL 33781 US</b>	Mailing Address <b>413 CLEVELAND STREET CLEARWATER, FL 33755</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 836</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>TARPON SPRINGS, FL</b>	
Zip	Country	Zip	Country
		<b>34688</b>	<b>USA</b>

11182008 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent <b>COOKE, PETER 413 CLEVELAND STREET CLEARWATER, FL 33755</b>		7. Name and Address of New Registered Agent Name <b>JOHN GEIGLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>6301 58th St. North</b> City <b>PINELLAS PARK</b> FL Zip Code <b>33781</b>	
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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 11-18-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, PETER 413 CLEVELAND STREET CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN GEIGLE P.O. Box 836 TARPON SPRINGS, FL 34688 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LIEBL, RYANN 701 S MADISON AVE, UNIT 107 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000143346190</b> <b>02/11/09--01005--015 **236.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KERR, DAVID 701 S MADISON AVE, UNIT 112 CLEARWATER, FL 33756 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <b>2008</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>98</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 11-18-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #