

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G91213

1. Corporation Name

BOULEVARD PARK HOME OWNERS CORPORATION

Principal Place of Business

2266 GULF-TO-BAY BLVD.
LOT 907
CLEARWATER FL 34625-4013
US

Mailing Address

2266 GULF-TO-BAY BLVD.
LOT 907
CLEARWATER FL 34625-4013
US

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

03/14/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2497035

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROGEHSEES, LOU	2266 GULF TO BAY BLVD. # 563	CLEARWATER FL 33765
VPD	VERLENI, NICK	2266 GULF TO BAY 227	CLEARWATER FL 33765
SD	VRSHEK, JERRY	2266 GULF TO BAY BLVD. # 663	CLEARWATER FL 33765
TD	VRSHEK, JERRY	2266 GULF TO BAY BLVD. # 102	CLEARWATER FL 33765
D	MILLER, DICK	2266 GULF TO BAY BLVD. # 306	CLEARWATER FL 33765
D	ROGENSEES, MARY	2266 GULF TO BAY BLVD. # 563	CLEARWATER FL 33765

8. Name and Address of Current Registered Agent

TEEVAN, RONALD P.
200 GARDEN AVE. NORTH
CLEARWATER FL 34615

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/24/02

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.

LEONOR SMITH

LEONOR SMITH

SIGNATURE

SIGNATURE REQUIRED

CR2040 (8/02)