

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002066

1. Corporation Name

WYNDHAM PALMS MASTER COMMUNITY ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

2300 WYNDHAM PALMS WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

3. Mailing Office Address

2300 WYNDHAM PALMS WAY

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

Zip

34747

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2000

5. FEI Number

59-3663038

☐ 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

DOUGLAS N SKELLY

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

2300 WYNDHAM PALMS WAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34747

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

REGISTERED AGENT MUST SIGN

Date 3/10/2011

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	BRASHEARS, DONALD	293 SEABROOK DR	HILTON HEAD, SC 29926
VPD	SENTNAR, STEVE	212 E. McQUISTION RD	BUTLER, PA 16001
TSD	HOBSON, ALAN	8 GUINEA HALL MEWS, BANKS	SOUTHPORT PR9 8RF UK

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B 3/29/11

10. E-mail Address: TRAESKELLY@HIGHTIDEASSOCIATES.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/2011

843-686-2241

Date

Daytime Phone #