

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000004521

1. Entity Name
SHERATON PLAZA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
109 TROPIC CT.
FT. PIERCE, FL 34946

Mailing Address
P.O. BOX 5634
FT. PIERCE, FL 34945

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01062009 DENIED CR2509 01/07 08

REINSTATEMENT

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADWELL, BETTY
109 TROPIC CT.
FT. PIERCE, FL 34946

Name

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

City

FL

Zip Code

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: *Betty Bradwell*

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

1-06-09

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AT
MCGRUFF, JANICE
2905 LANGSTON DR.
FT. PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
200140187722
01/09/09--01038--014 ***236.26 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
BRADWELL, BETTY
109 TROPIC CT.
FT. PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1/16 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
S
WILLIAM, IRIS
109 ACADEMY DR.
FT. PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
NOBLE, FRANK
112 CAMELOT DR.
FT. PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AP
PAYNE, CELIEMAE
2803 LANGSTON DRIVE
FT. PIERCE, FL 34946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
GW
WEDDERBURN, OLIVE
PO BOX 5634
FT. PIERCE, FL 34945 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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: *Betty Bradwell* *Betty Bradwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-09

Date

Daytime Phone #