PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2020 JUN 17 PM 12:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005470

1. Corporation Name

STILLWATER ON THE BAY PROPERTY OWNERS ASSOCIATION, INC.

100340525571
06/17/20--01017--016 **848.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1630 Bay Harbor Lane	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Sarasota, FL	City & State
Zip: 34231 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/21/2000

5. FEI Number: 651045881 ☐ 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: Sandor J. Vargyai

Street Address (P.O. Box Number is Not Acceptable): 1630 Bay Harbor Lane

Suite, Apt. #, Etc

City: Sarasota State: FL Zip Code: 34231

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: Sandor J. Vargyai Date: 6/15/2020

REGISTERED AGENT MUST SIGN

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
P/T/D	Sandor J. Vargyai	1630 Bay Harbor Lane	Sarasota, FL, 34231
V/D	Scott D. Lunin	1675 Bay Harbor Lane	Sarasota, FL, 34231
S/D	David Musket	1655 Bay Harbor Lane	Sarasota, FL, 34231
	REINSTATEMENT	JUN 17 2020	
		R. HUNT	

10. E-mail Address: svargyai@comcast.net

(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: Sandor J. Vargyai, Pres. Sandor J. Vargyai 6/15/20 941-350-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #