

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000005885

1. Corporation Name

Turtle Crossing Homeowners' Association, Inc.

2. Principal Office Address

79 Masters Drive

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip
32084

Country
USA

3. Mailing Office Address

79 Masters Drive

Suite, Apt. #, etc.

City & State

St. Augustine FL

Zip
32084

Country
USA

FILED
05 MAY 18 AM 11:49
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BY: _____

REINSTATEMENT 04-05

4. Date Incorporated or Qualified To Do Business in Florida 9/6/2000

5. FEI Number 59-3736409 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

The Neighborhood Managers, Inc. / Janice L. Herren

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

79 Masters Drive

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32084

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05/19/05--01050--009 **29.50

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

Janice L. Herren

Date

3/2/05

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
PD	Barry Rickelman	699 Viscaya Blvd.	St. Augustine, FL 32086
VD	Mary Lewis	124 Caretta Cir.	St. Augustine, FL 32086
STD	Joan Beevers	132 Caretta Cir.	St. Augustine, FL 32086

10. 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.

SIGNATURE:

Barry M. Rickelman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-05

Daytime Phone #

904-797-1948

CR2E081 (01/05)