

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 23 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

N/00000007954

1. Corporation Name

Willow Pond/Volusia County Chapter 53A

2. Principal Office Address

875 Wilmette Ave

3. Mailing Office Address

104 Cottonseed Trail

Suite, Apt. #, etc.

Clubhouse

Suite, Apt. #, etc.

610 Edward Joseph

City & State

Ormond Beach

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1/2000

5. FEI Number

52-2262213

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

DONNA Ferguson

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

1508 Virginia Ave, 111A

Suite, Apt. #, Etc.

City

Daytona Beach, FL

State

FL

Zip Code

32114

700030942847  
03/23/04--01095--022 \*\*297.50

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

*Donna Ferguson*

Date 3/19/04

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
PRES.	EDWARD JOSEPH	104 Cottonseed Trail	Ormond Beach, FL 32174
V.P.	MARY J. JAIN	875 Wilmette #705	Ormond Beach, FL 32174
SEC.	TRENE EUCHLER	1335 Fleming Ave, #273	Ormond Beach, FL 32174
Treas	Donna Ferguson	1508 Virginia Ave, 111A	Daytona Beach, FL 32114

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:

*Donna Ferguson, Treas.* DONNA Ferguson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/04

Daytime Phone #

386-253-386  
6346-252-4151

CR2E081 (01/04)