


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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01 OCT 26 AM 8:57

1. Corporation Name

TORTOISE CAY AT ST. LUCIE WEST RESIDENTS' ASSOCIATION, INC. DBA Vineyards

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1850 FOUNTAINVIEW BLVD. STE 201
PORT ST LUCIE FL 34986

1850 FOUNTAINVIEW BLVD. STE 201
PORT ST LUCIE FL 34986



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-11/14/01--01021--016

If above addresses are incorrect information and enter correction below

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

606 SW Bayshore Blvd

606 SW Bayshore Blvd

4. Date Incorporated or Qualified To Do Business in Florida

12/11/2000

City & State

City & State

Port St. Lucie FL

Port St. Lucie FL

Zip

Country

Zip

Country

34983

St Lucie

34983

St Lucie

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PAGE, DAVID	1850 FOUNTAINVIEW BLVD, STE 201	PORT ST LUCIE FL 34986
PD	Philip Petruzzelli	482 St Lucie Blvd. SW.	34953
D	HEGENER, PAUL	1850 FOUNTAINVIEW BLVD, STE 201	PORT ST LUCIE FL 34986
SD	Marilyn Petruzzelli	482 St. Lucie Blvd S.W.	34953
DST	ANDERSON, JAMES	1850 FOUNTAINVIEW BLVD, STE 201	PORT ST LUCIE FL 34986
TD	Steven Talerico	482 St. Lucie Blvd. SW	34953
VD	David Talerico	482 Port st Lucie Blvd SW	Port st. Lucie FL 34953
VD	Henry Talerico	482 Port st Lucie Blvd. SW.	Port St. Lucie FL 34953

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PAGE, DAVID
1850 FOUNTAINVIEW BLVD, STE 201
PORT ST LUCIE FL 34986

Bayshore Association Mgmt
Street Address (P.O. Box Number is Not Acceptable)
606 SW Bayshore Blvd
Suite, Apt. #, Etc. etc
City Port St. Lucie State FL Zip Code 34983

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Signature
REGISTERED AGENT MUST SIGN

Date 10/18/01

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., 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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/18/01 Daytime Phone # 861 870 4111

CR2E040 (8/01)