

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003276**

1. Corporation Name

**BRIAR BAY COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

448 VIKING DR. SUITE 225  
VIRGINIA BEACH VA 23452

Mailing Address

448 VIKING DR. SUITE 225  
VIRGINIA BEACH VA 23452

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



09/12/02 90155 035 (64)

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/2001

5. FEI Number

54-2048997

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ALAN RESH	448 Viking Drive, Va Beach, VA	23452
VD	Catherine Holder	448 Viking Dr.	Va Beach, VA 23452
SD	DEBRA DIETZ	448 Viking Dr.	Va Beach, VA 23452

02 CURZ

8. Name and Address of Current Registered Agent

SIMON, ERIC A  
2825 UNIVERSITY DR, SUITE 300  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

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:

DEBRA A. DIETZ

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

(757)

463-5000

Daytime Phone #

CR2E040 (8/02)