PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

192

FILED
02 NOV 13 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000008456

1. Corporation Name

ST. MORITZ RESIDENTS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS FL 34135	9148 BONITA BEACH ROAD SUITE 102 BONITA SPRINGS FL 34135

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3435-10th Street N., #201
City & State	City & State Naples, FL
Zip / Country	Zip 34103 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/04/2001

5. FEI Number: 03-0398269 ☐ 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
D	WOLPERT, GREG G	9148 BONITA BEACH ROAD, SUITE 10	BONITA SPRINGS FL 34135
D	MEEKS, W. MICHAEL	9148 BONITA BEACH ROAD, SUITE 10	BONITA SPRINGS FL 34135
D	GRIFFITH, R. SCOTT	9148 BONITA BEACH ROAD, SUITE 10	BONITA SPRINGS FL 34135

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
WOLPERT, GREG G C/O PULTE HOME CORPORATION 9148 BONITA BEACH ROAD, SUITE 102 BONITA SPRINGS FL 34135	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/02)

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 11/5/02

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

Date 11/5/02

Daytime Phone #

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IPM INTEGRATED PROPERTY MANAGEMENT

October 28, 2002

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: St. Moritz Residents' Association, Inc.
Document #N01000008456

To Whom It May Concern:

The above referenced association's (not-for-profit corporation) UBR for 2002 was never received. Enclosed please find the completed application for reinstatement along with a check for $61.25. Please note the mailing address has changed and we have provided the FEI # 03-0398269.

If you have any questions, please feel free to contact me at (239) 434-7447.

Sincerely,

Rick Bechtel, Property Mgr.
On behalf of the Board of Directors

Copy: St. Moritz Residents' Association Files

3435 – 10TH Street North, Suite 201 / Naples, FL 34103
(239) 434-7447 / Fax: (239) 434-0379