

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

APPROVED  
AND  
FILED

DOCUMENT # **N01994**

1. Corporation Name

**WINDSOR PARK HOMEOWNERS ASSOCIATION, INC.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 P.O. BOX 423 180 Dawn Lauren Ln. P.O. BOX 423 180 Dawn Lauren Ln.  
 TALLAHASSEE FL 32301-0423 TALLAHASSEE FL 32301-0423



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               |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.<br>180 Dawn Lauren Ln                 |  | Suite, Apt. #, etc.<br>180 Dawn Lauren Ln.                 |  | 03/16/1984  |  |
| City & State  |  | City & State   |  | 5. FEI Number<br>59-2877873                                 |  |
| Zip   |  | Country  |  | Applied For<br>Not Applicable                               |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  | \$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   |
| PRD   | GAMMON, WILLIAM C<br>Lees, Doug   | 180<br>180 DAWN LAUREN LANE                    | TALLAHASSEE FL 32301 |
| VTD   | MOYER, BETH Gilbert, Frances      | 116<br>116 DAWN LAUREN LANE                    | TALLAHASSEE FL 32301 |
| PRD   | BARINEAU, GORDON<br>Gordon        | 127<br>127 DAWN LAUREN LANE                    | TALLAHASSEE FL 32301 |
| PRD   | FRALICK, CHERYL                   | 108 DAWN LAUREN LANE                           | TALLAHASSEE FL 32301 |
| PRD   | SMITH, REX                        | 163 DAWN LAUREN LANE                           | TALLAHASSEE FL 32301 |
| <b>REINSTATEMENT 99-08</b>  |                                   |  |                      |

|   |  |   |  |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent                             |  | 9. Name and Address of New Registered Agent   |  |
| GAMMON, WILLIAM C Doug Lees<br>180 DAWN LAUREN LANE<br>TALLAHASSEE FL 32301 |  | Name Doug Lees<br>Street Address (P.O. Box Number is Not Acceptable)<br>180 Dawn Lauren Ln<br>Suite, Apt. #, Etc.<br>600003447606-3<br>City Tallahassee<br>11/01/00 State FL Zip Code 32301 |  |

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 Douglas Lees **SIGNATURE REQUIRED** Date 8/28/00  
 REGISTERED AGENT MUST SIGN

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: Douglas Lees **SIGNATURE REQUIRED** Date 8/28/00 850-245-4342  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #