

FILED

100-443881-100

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100311360381
03/30/18--01024--001 **235.25
100311360381
05/03/18--01029--014 **122.50
CR2E081 (11/10)

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DOCUMENT # NO2000003024  
1. Corporation Name Casa Valero Condominium Association

2. Principal Office Address - No P.O. Box # 901 N. Hercules Ave. Suite, Apt. #, etc. Suite A City & State Clearwater FL Zip Country 33765 USA	3. Mailing Office Address 901 N. Hercules Ave. Suite, Apt. #, etc. Suite A City & State Clearwater FL Zip Country 33765 USA
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7. Name and Address of Current Registered Agent		
Name Richard Commons		
Street Address (P.O. Box Number is Not Acceptable) 901 Niterules Ave		
Suite, Apt #, Etc Suite A		
City Clearwater	State FL	Zip Code 33765

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 Richard R. [Signature] Date 3/27/18

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
Ms.	Linda Holbway	2851 E. Crooked Lake Dr.	Frost, FL 32726
Ms.	Sigllinda Ventelid	1218 SE 1 <sup>st</sup> St.	Ocala, FL 34471
Mr.	Richard Isaacs	44 Golf Blvd #14	Indian Rocks Beach, FL 3378
Mr.	George Kehl	18844 Bearpaw Trail	Eden Prairie, MN 55347
			MAY - 8 2018
			R. HUNT

10. E-mail Address: YCC @ COMMONSCPA.COM  
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: [Signature] 3/27/18 727-461-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #