

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO200009662

1. Corporation Name

TownHomes at Windsor Palms

Home owners association Inc.

2. Principal Office Address - No P.O. Box #

2300 Wyndham Palms Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Kissimmee FL

Zip

Country

34747

USA

City & State

Zip

Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/17/11--01039--007 **236.25

REINSTATEMENT 2011
CORPORATION (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/16/02

5. FEI Number

82-0580726

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Douglas W. Skelly

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

2300 Wyndham Palms Way

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34747

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

[Signature]

Date 03/30/11

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
PD	Stier, Eric	463 Mangrove CT	Lake Mary, FL 32746
VPD	Bryant, Eugene JR	17324 Sherifield	Southfield, MI 48075
TSD	Johnson, Ken	2914 Vineland RD	Kissimmee, FL 34746

10. E-mail Address:

(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:

ERIC STIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/11 321-229-6026
Daytime Phone #

4/14/11