

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JAN 29 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 003000005981

1. Corporation Name

EAGLES TRACE HOMEOWNERS ASSOCIATION

REINSTATEMENT 05-07

2. Principal Office Address

8191 AERIE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

8191 AERIE COURT

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip
34240

Country

USA

City & State

SARASOTA, FL

Zip
34240

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-14-2003

5. FEI Number

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

JAMES HARRISON

200087361992
02/05/07--01013--03 **61.25

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

1205 MANATEE AVENUE W.

Suite, Apt. #, Etc.

City

BRADENTON

State
FL

Zip Code

34205

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]

REGISTERED AGENT MUST SIGN

Date

1/24/07

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
Pres	KEITH POPE	1980 TALON LANE	SARASOTA, FL 34240
V.P.	JEROME WILD	8201 AERIE COURT	SARASOTA, FL 34240
SEC TREAS	MARY E. McDERMOTT	8191 AERIE COURT	SARASOTA, FL 34240
		01/02/07 01049 014 \$306.25	

10. 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 contained in Chapter 119, 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:

Mary E. McDermott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

941-685-0986

Daytime Phone #

7C 1/31