

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 12 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300171547143  
03/08/10--01083--007 \*\*150.00

CR2E081 (11/09)

**DOCUMENT # N03000009195**

1. Corporation Name

EAST LAKE VILLAS HOMEOWNERS ASSOCIATION, INC.

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

1100 S. ORLANDO AV.

Suite, Apt. #, etc.

#107

City & State

MAITLAND

Zip

Florida

Country

ORANGE

3. Mailing Office Address

1100 S. ORLANDO AV.

Suite, Apt. #, etc.

#107

City & State

MAITLAND

Zip

32751

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10-17-2003

5. FEI Number

20-3079791

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

KAREN WOOD

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

281 BROOKDALE LOOP

Suite, Apt. #, Etc.

City

CLERMONT

State

FL

Zip Code

34711

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Karen Wood*  
KAREN WOOD

Date

3/02/2010

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	VINCENT BECKLES	277 BROOKDALE LOOP	CLERMONT FL 34711
VP	MICHAEL GOEB	257 BROOKDALE LOOP	CLERMONT FL 34711
STD	KAREN WOOD	281 BROOKDALE LOOP	CLERMONT FL 34711
D	CHRIS ASCOLESE	675 E. HWY 50	CLERMONT FL 34711
<b>REINSTATEMENT</b>			

10. E-mail Address: JOANNBECK@JUNO.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., that all fees owed by the corporation have been paid; 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.

SIGNATURE:

*Karen Wood*

KAREN WOOD, SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/10

Date

(352) 255-4882

Daytime Phone #