

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 OCT 26 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N03534*

1. Corporation Name

PALM BEACH VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3274 SE JEFFERSON ST.  
STUART, FL 34997

P.O. BOX AD/PT  
SALERNO, FL 34902

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2926 SE FAIRWAY WEST

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

Zip  
34997

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, VP, S, T, D	JUNE S. LECKIE	2930 SE FAIRWAY WEST	STUART, FL 34997
DIRECT.	LUCILLE J. BOARD	2926 SE FAIRWAY WEST	STUART, FL 34997
DIRECT.	MRS. F.R. GUSTAVSON	2924 SE FAIRWAY WEST	STUART, FL 34997

700002678747--6  
11/03/98 01030 000  
\*\*\*\*848.75 \*\*\*\*848.75

8. Name and Address of Current Registered Agent

BARBARA A. CLAIR  
3274 SE JEFFERSON ST.  
STUART, FL 34997

9. Name and Address of New Registered Agent

Name

LUCILLE J. BOARD

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

2926 SE FAIRWAY WEST

Suite, Apt. #, Etc.

City

STUART

State

FL

Zip Code

34997

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

*Lucille J. Board*

REGISTERED AGENT MUST SIGN

Date

*OCT 8, 1998*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

*Lucille J. Board*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*OCT 8, 1998*

Daytime Phone #

CR2040 (1/98)