

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE  
AND  
SIGN

06 MAY 17 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03534**

**1. Corporation Name**

**Palm Beach Villas Homeowners  
Association, Inc.**

**REINSTATEMENT**

**1999-2006 RSC**

**2. Principal Office Address**

**2926 S.E. Fairway West**

Suite, Apt. #, etc.

City & State

**Stuart, Florida**

Zip

**34997**

Country

**USA**

**3. Mailing Office Address**

**2926 S.E. Fairway West**

Suite, Apt. #, etc.

City & State

**Stuart, Florida**

Zip

**34997**

Country

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**6-8-84**

**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

**Robert G. Rydzewski, Jr., Esquire**

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

**Cornett, Google & Associates, P.A.**

Suite, Apt. #, Etc.

**401 East Osceola Street**

City

**Stuart**

State

**FL**

Zip Code

**34994**

**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

**Rola A. Rydzewski**  
REGISTERED AGENT MUST SIGN

Date

**4-28-06**

**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
P	Elizabeth I. Board	2926 <sup>S.E.</sup> Fairway West	Stuart, FL 34997
VP	Pearl White	2930 <sup>S.E.</sup> Fairway West	Stuart, FL 34997
S	Charles W. Shlimbaum	2928 <sup>S.E.</sup> Fairway West	Stuart, FL 34997
T	Helena P. Hanan, trustee	2924 <sup>S.E.</sup> Fairway West	Stuart, FL 34997

**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:

**Helena P. Hanan**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/24/06**

Daytime Phone #