

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000011784

1. Corporation Name

ANNA MARIA BEACH PLACE CONDOMINIUM ASSN

REINSTATEMENT 05-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 3001 Gulf Drive Suite, Apt. #, etc.		3. Mailing Office Address 3001 Gulf Drive Suite, Apt. #, etc.	
City & State Holmes Beach, FL, 34217		City & State Holmes Beach, FL, 34217	
Zip 34217	Country USA	Zip 34217	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/17/2004	
5. FEI Number NONE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name BARRY GOULD		
Street Address (P.O. Box Number is Not Acceptable) 3001 Gulf Drive Suite, Apt. #, Etc.		
City Holmes Beach, FL, 34217	State FL	Zip Code 34217

☒ 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

Barry Gould

Date

4-23-08

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
D	SALLY PARISO	4856 SR 39 NW	DOVER, OH, 44622
D	PEGGY NUGENT	2404 NATURES CT	VALRICO, FL, 33594
D	KAREN KREBS	81 PARK HARBOR DR	YOUNGSTOWN, OH, 44152

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05/14/08--01006--009 **245.00

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:

Barry Gould

BARRY GOULD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



04/23/2008

Date

941-778-1000

Daytime Phone #