

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 11:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04388

1. Corporation Name

SEACREST TWO CONDOMINIUM ASSOCIATION

REINSTATEMENT
CR2008-1000

97-08

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

3001 Gulf Drive

Suite, Apt. #, etc.

City & State

Holmes Beach, FL, 34217

Zip

34217

Country

USA

3. Mailing Office Address

3001 Gulf Drive

Suite, Apt. #, etc.

City & State

Holmes Beach, FL, 34217

Zip

34217

Country

USA

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. Name and Address of Current Registered Agent

Name

GOULD, BARRY

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

REGISTERED AGENT MUST SIGN

Date

4-23-08

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	TOM EVENHOUSE	16625 RILEY ST	HOLLAND, MI, 49424
D	MAGGIE OLIVERA	6550 EAGLE RIDGE WAY	LAKELAND, FL, 33813

300129234513
05/14/08--01006--008 **770.00

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

Date

4-23-08

Daytime Phone #

946-778-1000

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEACREST TWO CONDOMINIUM ASSOCIATION INC

2. The principal office address: 3001 Gulf Drive, Holmes Beach, FL, 34217

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/26/1984 Document number: N04388

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SINGERLE, ANNELIESE

798 NORTH SHORE DR

P.O. BOX 764, ANNA MARIA, FL, 34216

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GOULD, BARRY

3001 Gulf Drive, Holmes Beach, FL, 34217

(P.O. Box NOT acceptable)

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Barry Gould
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4-23-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)