

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 SEP 29 AM 10:34

DOCUMENT # **1764649**

1. Corporation Name

**Coguna Village Owners Assoc., Inc.**

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

**14110 Perdido Key Dr**

Suite, Apt. #, etc.

3. Mailing Office Address

**PO Box 34368**

Suite, Apt. #, etc.

City & State

**Pensacola FL**

Zip

**32507**

Country

**Escambia**

City & State

**Pensacola, FL**

Zip

**32507**

Country

**Escambia**

**100186031661**

**09/29/10--01032--014 \*\*358.75**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**59-3316378**

☐ 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

**Rebecca J Nadolny**

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

**16784 Perdido Key Dr**

Suite, Apt. #, Etc.

**E704**

City

**Pensacola**

State

**FL**

Zip Code

**32507**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **9/20/10**

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
Pres	James Green	82 Drift Oak Circle	The Woodlands TX 77381
VP	Allan Hawkins	14250 Perdido Key Dr Unit B	Pensacola, FL 32507
D	Brenda Baur	13880 Perdido Key Dr	Pensacola, FL 32507
D	Bill Tibbits	2946 Coral Strip Pkwy	Gulf Breeze, FL 32563
REINSTATEMENT OF 10/1/10			

10. E-mail Address:

(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. I 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:

*[Signature]* **James Green**

**9/20/10**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #