

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 FEB -4 PM 12:32

DOCUMENT # **NO6000004685**

1. Corporation Name

Bermuda on Osprey Condominium Association, Inc.

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

16 Church Street

Suite, Apt. #, etc.

3. Mailing Office Address

16 Church Street

Suite, Apt. #, etc.

City & State

Osprey, Florida

City & State

Osprey, Florida

Zip

34229

Country

USA

Zip

34229

Country

USA

**400189430804**  
01/04/11--01049--018 \*\*297.50

**400189430804**  
02/04/11--01036--001 \*\*122.50

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

204897569

☐ 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

The Law Offices of Lobeck and Hanson, PA

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 403

City

Sarasota

State

FL

Zip Code

34237

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

REGISTERED AGENT MUST SIGN

Date **Dec 29, 2010**

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.	Craig Troyer	258 Hickory Hts Drive	Bridgeville PA 15017
Vp/Sec	Mark Troyer	667 Rt 97 S.	Waterford PA 16841
Tres.	Tricia Briggs	5304 Woodland Hills Circle	Erie, PA 16509

REINSTATEMENT 08-11 B 2/7/11

10. E-mail Address:

**hbriggs@trouerinc.com**

(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**12/29/10**