Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5363

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

COLONY CLUB VILLAGE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$236.25

Page 1 of 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06000006282

1. Corporation Name
Colony Club Village Homeowners Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
380 Union St.	380 Union St.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: West Springfield, MA	City & State: West Springfield, MA
Zip: 01089 Country: USA	Zip: 01089 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/9/2006

5. FEI Number: 27-314 1467 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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

Lauren H. Kreitz
Special Assistant Secretary

Date: 10/17/11

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
	*See Exhibit A attached		

REINSTATEMENT 11 B 10/17/11

10. E-mail Address: dorothy_ungerer@aspensquare.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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ Peter Byler 10/14/2011 413-439-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Exhibit A

Title	Name	Address	Type of Action
DPT	Catherine A. Burns	2301 NW 87th Avenue, 6th Floor Doral, FL 33172	☐ Add ☒ Remove
DVP	Jessica Gonzalez	2301 NW 87th Avenue, 6th Floor Doral, FL 33172	☐ Add ☒ Remove
Director/President	Peter Byler	380 Union St., Suite 300 West Springfield, MA 01089	☒ Add ☐ Remove
Director/President	James Gennari	380 Union St., Suite 300 West Springfield, MA 01089	☒ Add ☐ Remove
Treasurer/Secretary	Brenda Wishart	380 Union St., Suite 300 West Springfield, MA 01089	☒ Add ☐ Remove