## 2013 NOT FOR PROF, T ANNUAL REPORT PLEASE READ ALC INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	-FOR-ATORA Wal Report		ARTMENT stary of Sta of corpora	ate		FILED SECRETARY OF STATE TALLAHASSES FLORIDA
DOCUMENT # NO6000011113						13 JAN -8 PM 3: 06
1. Corporation Name Hancock Bridge Condominium						
Association, Inc.					l	
					1,0/	0243398211 1301050027 **61.25
2. Principal 3418	SE 18 <sup>th</sup> Place	3. Mailing Office Ac	State Route 18		017077	[3U]U5UU2( **01.25 CR2E081 (12/08)
Suite, Apt. #, etc.					A Date income	
City & State		City & State	<u>.</u>		To Do Busin	ess in Florida
Cape	eCoral, FL	East Bri			5. FEI Number EIN 38 - 3	Applied For Not Applicable
339	04 U.S.A.	08816	Countr U.	S.A.	CERTIFICATE	OF STATUS DESIRED 55.75 Additions: Fed required for a Certificate or Status
7. Name and Address of Current Registered Agent						
Name Richard Roosa Street Address (P.O. Box Number is Not Acceptable) 1714 Cape Coral Parkway East Sulte, Apt. #, Etc.					☐ 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.	
Cape Coral State Zip Code FL 33904						
8. I, being appointed the registered agent of the about named corporation, am familiar with and accept the ob- Signature of Registered Agent  REGISTERED AGENT MUST SIGN					bligations of section	on 607.0505 or 617.0503, F.S.  Date 1 - 3 - 13
9. Names	s and Street Addresses of Each Officer an			orations must list at le	zast 3 directors)	
Titles	Name of Officers and/or Directors	s .	Street Address of Each Officer and/or Director			City / State / Zīp
D	Daniel Tarantini		1031 State Route 18 - Unit 1		3 -	East Brunswick, NJ 08816
D	Richard Roosa		1714 Capecoral Parkway East		Ł	Cape Corai, FL. 33904
<b> </b> -						JAN O 9 2013
					<u> </u>	T. CAULEY
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 filling 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-fave the same legal effect as if made under eath.						
SIGNATURE: 1-3-13 (732) 991-1016						