

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06859

1. Corporation Name

CATALINA CLUB SOUTH PROPERTY OWNERS' MASTER ASSOCIATION, INC.

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

1001 East Atlantic Avenue

3. Mailing Office Address

1001 East Atlantic Avenue

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

Zip

33483

Country

US

Zip

33483

Country

US

REINSTATEMENT 02-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/1984

5. FEI Number

650464861

☐ 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

Richard H. Critchfield

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

1001 East Atlantic Avenue

Suite, Apt. #, Etc.

Suite 201

City

Delray Beach

State

FL

Zip Code

33483

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 6/8/10

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
PD	Michael Walsh	1001 East Atlantic Avenue, Suite 202	Delray Beach, FL 33483
VD	Mark Walsh	1001 East Atlantic Avenue, Suite 202	Delray Beach, FL 33483
STD	William Walsh	1001 East Atlantic Avenue, Suite 202	Delray Beach, FL 33483
V	Richard C. Ade	1000 Market Street, Suite 300	Portsmouth, NH 03801

10. E-mail Address: Caren.Pratt@oceanprop.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, and 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:

Michael Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/10

561-279-9900

Date

Daytime Phone #

6/18w