

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07484

1. Corporation Name

TIGER CREEK GROVES PROPERTY OWNERS ASSOC.

Principal Place of Business

P.O. Box 421
Babson Park, FL
33827

Mailing Address

P.O. Box 421
Babson Park, FL
33827

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

2/6/85

5. FEI Number

Not Applicable

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JAMES Saltzberry	27 Tiger Creek Groves	Babson Park, FL 33827
VD	GENE COOPER	41 Tiger Creek Groves	Babson Park, FL 33827
STD	Priscilla Hamilton	4 Tiger Creek Groves	Babson Park, FL 33827
D	Shaaron Massalone	24 Tiger Creek Groves	Babson Park, FL 33827
D	Kipp Freeling	134 Tiger Creek Groves	Babson Park, FL 33827
D	MORGAN HAMILTON	4 TIGER CREEK GROVES	Babson Park, FL 33827
D	MRS. ANDERSON	318 Brooks Rd	Frostproof, FL 33843

8. Name and Address of Current Registered Agent

Priscilla Hamilton
4 TIGER CREEK GROVES
Babson Park, FL 33827

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Priscilla Hamilton

REGISTERED AGENT MUST SIGN

Date 11/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

Priscilla Hamilton

Date

11/12/98

Daytime Phone #

(941) 635-9321

CR20040 (1/98)