

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUN 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11338**

1. Corporation Name

HEATHER SANDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**415 Belle Isle Avenue
Belleair Beach, FL 33786**

same

REINSTATEMENT 94-98

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

2. New Principal Office Address, If Applicable
415 Belle Isle Avenue

3. New Mailing Office Address, If Applicable
(See principal office

4. Date Incorporated or Qualified
To Do Business in Florida **9-27-85**

Suite, Apt. #, etc.

Suite, Apt. #, etc.
address)

5. FEI Number

Applied For

☒ Not Applicable

City & State
Belleair Beach, FL

City & State

Zip
33775

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P	College, Dennis L.	415 Belle Isle Avenue	Belleair Beach, FL 33786
D	College, Lori	415 Belle Isle Avenue	Belleair Beach, FL 33786
D	Warsh, JoAnne	400 Island Way, Apt. 509	Clearwater, FL 33767

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6-12-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**James M. Hammond
1831 N. Belcher Road, Ste. A-1
Clearwater, FL 33765**

Name

College, Dennis L.

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

415 Belle Isle Avenue

Suite, Apt. #, Etc.

City

Belleair Beach

State

FL

Zip Code

33786

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

DENNIS L. COLLEGE REGISTERED AGENT MUST SIGN

Date

6-1-98

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:

DENNIS L. COLLEGE, Director

6/1/98

Date

(813) 441-3366

Daytime Phone #