

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N15720

1. Corporation Name

SUNRIDGE BY THE LAKE CONDOMINIUM ASSOCIATION, IN  
C.

Principal Place of Business

929 SUNRIDGE DR.  
SARASOTA FL 34234

Mailing Address

4301 32ND STREET WEST  
SUITE A-19  
BRADENTON FL 34205

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03



800024982538

11/24/03--01098--001 \*\*236.25

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1986

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KAPLAN, LISA	896 SUNRIDGE DRIVE	SARASOTA FL 34234
VD	SALERNO, BONNIE	874 SUNRIDGE DRIVE	SARASOTA FL 34234
ST	CONNA, KATIE	921 SUNRIDGE DRIVE	SARASOTA FL 34231
PD	West, Bill	925 Sunridge Dr	Sarasota, FL 34234
TD	Devine, Pat	876 Sunridge Dr	SARASOTA, FL 34234
SD	Curtis, Lynn	898 Sunridge Dr	SARASOTA, FL 34234

8. Name and Address of Current Registered Agent

GORDON, DAVID  
5005 W LAUREL ST  
STE. 206  
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

Kollath, Julie

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

CLS Condo mgmnt service

Suite, Apt. #, Etc.

4301 32nd St W. Suite A-19

City

Bradenton

State

FL

Zip Code

34205

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Julie Kollath*  
REGISTERED AGENT MUST SIGN

Date

10/24/03

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 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:

*Lynn Curtis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)