

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N15742**

1. Corporation Name

COUNTRY CLUB GARDENS OWNERS ASSOCIATION, INC.

Principal Place of Business

1748 Bruman Terrace  
Melbourne, FL 32935

Mailing Address

1748 Bruman Terrace  
Melbourne, FL 32935

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3211027

Applied For

Not Applicable

City & State

City & State

Zip

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)

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
PRES	P KIPPER, FRED	1667 BRUMAN TERRACE	MELBOURNE, FL 32935
VICE PRES	P EVANS, PATSY	1709 BRUMAN TERRACE	MELBOURNE, FL 32935
SECY/Treas	P WOOD, CAROL	1748 BRUMAN TERRACE	MELBOURNE, FL 32935

000003028310--5  
-10/28/99--01072--006  
\*\*\*\*367.50 \*\*\*\*367.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CAROL WOOD

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

1748 BRUMAN TERRACE

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

CAROL WOOD

REGISTERED AGENT MUST SIGN

Date

13 Oct 1999

11. This corporation owes 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:

CAROL WOOD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

(407) 254-8440

CR2001 (12/98)