


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 15 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # N15919 1. Entity Name SAILS ON THE GULF HOME OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 19918 GULF BLVD #3 INDIAN SHORES, FL 33785 US | | | Mailing Address 19918 GULF BLVD #3 INDIAN SHORES, FL 33785 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1817867 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SNOOK, LINDA 19918 GULF BLVD #3 INDIAN ROCKS BEACH, FL 33785 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BDM MULLEY, VIVIAN 3012 W BROAD ST TAMPA, FL 33614 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD SNOOK, LINDA 19918 GULF BLVD #3 INDIAN ROCKS BEACH, FL 33785 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD CUERVO, RON 514 2ND AVE SE LUTZ, FL 33549 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Linda Snook</u> Linda Snook <u>11/9/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



11092005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-1817867

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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SIGNATURE: Linda Snook **Linda Snook** 11/9/05
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