
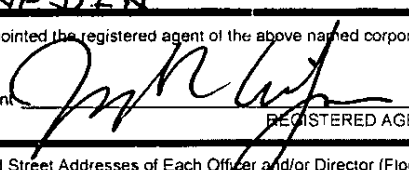
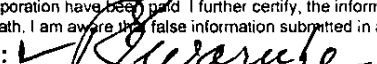


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719779			
1. Corporation Name Harbour Watch Homeowner's Association, Inc.			
2. Principal Office Address - No P.O. Box # 1548 RIVERSIDE DRIVE		3. Mailing Office Address 1548 RIVERSIDE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL	
Zip 34689	Country USA	Zip 34689	Country USA
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 03-23-1987	
Name JOSEPH R. CFANFRONE, ESQ.		5. FEI Number 592819436	
Street Address (P.O. Box Number is Not Acceptable) 1964 BAYSHORE BLVD.		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc. SUITE A		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City DUNEDIN		State FL	
Zip Code 34698		800212286658 09/26/11--01009--002 **35.00	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent 		Date 10/5/11	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES. ✓	RICHARD E. WARNEKE	2006 HARBOR WATCH CIR.	TARPON SPRINGS, FL, 34689
VP ✓	VAUGHN W. DUFF	2079 N. POINTE ALEXIS DR.	TARPON SPRINGS, FL 34689
SEC. ✓	NORM WEIZER	2035 N. POINTE ALEXIS DR	TARPON SPRINGS, FL 34689
REINSTATEMENT 11 B 11/14/11			
10. E-mail Address: ✓ REWARNEKE@MAC.COM (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.			
SIGNATURE: ✓ 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD E. WARNEKE	
Date 10/12/11		Daytime Phone # 727-944-2227	