

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20913**

1. Corporation Name

**COUNTRY CLUB VILLAGE AT SILVER SPRINGS SHORES C
ONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

FAIRWAYS CIRCLE
OCALA FL 34472
US

Mailing Address

1655 SW 5TH AVENUE
OCALA FL 34474-3250

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1987

5. FEI Number

59-2816485

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)

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
BY D's-V	WILSON, CLINT Debora Eisenberg	8221 FAIRWAYS CIRCLE F-201 8203 Fairways Circle G-203	OCALA FL 34472
DP D	ROSSELOT, JOE Jerry Giovanniello	8234 FAIRWAYS CIRCLE 8142 Fairways Circle S-204	OCALA FL 34472
DS D	PENNA, IRIS	8246 FAIRWAYS CIRCLE D-204	OCALA FL 34472
DF DP	QUERMAN, NORMAN	1710 TAMARACK STREET	PLOVER WI
DT-V	LINDMARK, ROBERT Dollie Barboza	570 SE MIDWAY DRIEV #A 4860 NW 83 Terrace	OCALA FL 34482-8006

8. Name and Address of Current Registered Agent

NOLEN, M. JANE
ABS PROPERTY MANAGEMENT
1655 SW 5TH AVENUE
OCALA FL 34474-3250

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. 0000002352280 -- 8
-11/19/97-01095-011
City ****236, State FL ****36, 25

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

M. Jane Nolen

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Querman

11-4-97

Date

Daytime Phone #



REINSTATEMENT 97

FILED
97 NOV 17 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (8/97)