

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 19 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N21594

W98-26490

1. Corporation Name **Savanna Park Homeowners Assn.**

Principal Place of Business

Mailing Address

PO BOX 701213  
Saint Cloud, FL 34770

**REINSTATEMENT**

97-98

If above addresses are incorrect in any way, line through incorrect information and

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2880692

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.	Wade Davis	313 Macon Way, St Cloud	34769
Dir.	Sever Woll "D"	20 Macon Way, St. Cloud	34769
Dir. Tres.	Sandra Whobrey "D"	106 Paquin Dr St Cloud FL	34769
Dir. V.P.	Kim Dierickx "D"	8 Macon Way St. Cloud FL	34769
Sec.	Kim Shipley	Augusta Circle St. Cl	34769

800002768428-3

-02/08/99-01170-002

\*\*\*\*297.50 \*\*\*\*297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Alan Straight  
218 Flagler Ct.  
St. Cloud, FL 34769

Name Sandra Whobrey  
Street Address (P.O. Box Number is Not Acceptable)  
106 Paquin Dr.  
Suite, Apt. #, Etc.  
St Cloud FL 34769  
City " State Zip Code  
FL 34769

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

Sandra Whobrey

REGISTERED AGENT MUST SIGN

Date 11-16-98

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:

Sandra Whobrey

Sandra Whobrey

10-7-98

(407)9575986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #