

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 PM 5:14

DOCUMENT # N23463

1. Corporation Name

Heatherwood Place Homeowners Association, Inc.

700065072177
02/02/06--01010--027 **1216.25

REINSTATEMENT 90-06
CR2E081 (12/05)

2. Principal Office Address

639 Michigan Blvd.

3. Mailing Office Address

639 Michigan Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Dunedin, FL

City & State

Dunedin, FL

Zip
34698

Country
US

Zip
34698

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/87

5. EFL Number

74-3157458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Connie S. Parkinson

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

639 Michigan Blvd.

Suite, Apt. #, Etc.

200

City

Dunedin

State

FL

Zip Code

34698

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

Connie S. Parkinson

REGISTERED AGENT MUST SIGN

Date 01/20/06

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
P/D	Connie S. Parkinson	639 Michigan Blvd. #200	Dunedin, FL 34698
D	Steve Werner	639 Michigan Blvd. #400	Dunedin, FL 34698
D	Shawn Perkins	639 Michigan Blvd. #700	Dunedin, FL 34698

10. 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 contained in Chapter 119, 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:

Connie S. Parkinson, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/06

Date

727-736-2976

Daytime Phone #