



2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

182

DOCUMENT # N24074 1. Entity Name REVELS SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.						FILED 04 NOV 12 PM 12:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 201 REVELS COURT N.W. P.O. BOX (B12) 2413 BOCA GRANDE, FL 33921		Mailing Address 201 REVELS COURT N.W. P.O. BOX (B12) 2413 BOCA GRANDE, FL 33921				 REINSTATEMENT 2004 10262004 REINPNP OR2E099 6/04	
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 65-0048481			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SEIDENSTICKER, PATRICIA 201 REVELS COURT N.W. BOCA GRANDE, FL 33921				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
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 _____ DATE _____							
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$236.25				Make check payable to			
After January 1, 2005, Fee will be \$297.50				Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARROW, EDWARD 214 REVELS CT N.W. BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REVELS, GREG 1265 SORRENTO WOODS BLVD NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEIDENSTICKER, PATRICIA 201 REVEL COURT N.W. BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 any attachment with an address, with all other like empowered.							
SIGNATURE: <i>Patricia Seidensticker</i>				11/10/04 9413801206			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	

5/24/2

November 10, 2004

To the Florida Department of State;

Enclosed you will find a form for Not for Profit Corporation for Revels Subdivision. This letter is to inform you that we have been in good standing for many previous years however not realizing it this year we did not receive in the mail our forms to be filled out and payment made.

We did not receive the form because if you look closely at the form printed out you have made a type - o on the mailing address and the post office must not have delivered it to our box. The P.O box is supposed to be 812 and has been for years. If you notice it is typed as B12 which is wrong.

It is my opinion that we should not have to pay the large reinstatement fee that is enclosed and that a credit is due. Also if you can now make a note that the PO box has been changed to 2413 this would eliminate documents not being delivered to us in the future.

Thank you for your attention to this matter.

Patricia Seidensticker
Secretary
Revels Subdivision Property Owners
P.O. Box 2413
Boca Grande, Fl. 33921

