

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 JAN 22 PM 9:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N25944

1. Corporation Name

**PARKWOOD OAKS HOME OWNERS ASSOCIATION, INC.**

**REINSTATEMENT**

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

**1024 LAKESHORE DRIVE**

**1024 LAKESHORE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**WILDWOOD, FL**

**WILDWOOD, FL**

Zip

Country

Zip

Country

**34785**

**USA**

**34785**

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/18/1988**

5. FEI Number

**592880551**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
NO

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**VIRGINIA WHITEHEAD**

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

**1014 ACORN TRAIL**

Suite, Apt. #, Etc.

City

**WILDWOOD**

State

**FL**

Zip Code

**34785**

**100255890691**  
**01/22/14--01021--005 \*\*358.75**

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

*Virginia Whitehead*

REGISTERED AGENT MUST SIGN

Date **01/15/2014**

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	JEFFREY JOHNSON	1018 ACORN TRAIL	WILDWOOD, FL 34785
VP	CHARLES GEROUX	611 DOGWOOD CIRCLE	WILDWOOD, FL 34785
T	VIRGINIA WHITEHEAD	1014 ACORN TRAIL	WILDWOOD, FL 34785
D	JOHN NERI	1018 WOODSIDE DRIVE	WILDWOOD, FL 34785
D	PHYLLIS HILDEBRANT	1014 WOODSIDE DRIVE	WILDWOOD, FL 34785
D	JOANNE BIXLER	1025 WOODSIDE DRIVE	WILDWOOD, FL 34785

10. E-mail Address: **GINANDFRED@AOL.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:**

*Jeffrey Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2014 **JAN 23 2014** 316

Date Daytime Phone #

**C. CARROTHERS**