

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR 18 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27651**

1. Corporation Name

Waterford Crossing Homeowners Association, Inc.

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

2821 Sherbrook Ln.

Suite, Apt. #, etc.

Suite A

City & State

Palm Harbor, FL

Zip

341084

USA

3. Mailing Office Address

P.O. Box 1624

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

341082

USA

4. Date incorporated or Qualified To Do Business in Florida

7-28-1988

5. FEI Number

592901125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

REINSTATEMENT 2013

7. Name and Address of Current Registered Agent

Name

Dorothy Spriggs - SunCoast Property Services

Street Address (P.O. Box Numbers Not Acceptable)

2821 Sherbrooke Ln.

Suite, Apt. #, Etc.

Suite A

City

Palm Harbor

State

FL

Zip Code

341084

600246990056

04/18/13--01033--007 **236.25

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

Dorothy Spriggs - agent

REGISTERED AGENT MUST SIGN

Date

4-2-13

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
Pres.	Betty Mattsman	2676 Challenger Dr.	Palm Harbor, FL 34108B
VP	Wayne Campbell	2696 McNair Dr.	" "
Sec.	Terri Davis	2751 Challenger Dr.	" "
Tre	Sam Hahn	2721 McNair Dr.	" "
Dr	Joe Wall	2851 Jarvis Cir.	" "

10. E-mail Address: **dorothy.spriggs@yahoo.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:

Dorothy Spriggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-13

Date

Daytime Phone #