

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 AM 10:51

DOCUMENT # **N28126**

1. Corporation Name

WILLOUGHBY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

**3001 SE DOUBLETON DR
STUART FL 34997
US**

Mailing Address

**3001 SE DOUBLETON DR
STUART FL 34997
US**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0097237

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
XAVXXXXX P/D	PARKS, RICHARD Richard Sutch	1300 SE INDIAN ST. 3001 SE Doubleton Drive	STUART FL 34997
STDXXXXX S/D	LEWIS, STEPHEN G Leighton Ford	1300 S.E. INDIAN STREET 3001 SE Doubleton Drive	STUART FL
XAVXXXXX T/D	DUVAL, MARK V John Hassenius	1300 S.E. INDIAN STREET 3001 SE Doubleton Drive	STUART FL
XAVXXXXX D	BOULDER, BENNETT Vallas Lecas	1300 S.E. INDIAN STREET 3001 SE Doubleton Drive	STUART FL
WXXXXX D	DEAN, WILLIAM H Edward Phillips	585 NE OCEAN BLVD 3001 SE Doubleton Drive	STUART FL 34996

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REILLY, MICHELE E
3001 SE DOUBLETON DR
STUART FL 34997

Name

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

Suite, Apt. #, Etc.

City

900004661229-8

10/31/01 State **00000004**
******236 FL ****236.25**

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

SIGNATURE REQUIRED
Michele Reilly REGISTERED AGENT MUST SIGN

Date **10/16/01**

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., 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)(f), 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:

SIGNATURE REQUIRED
Leighton Ford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01

Date

561-223-8053

Daytime Phone #

CR2E040 (8/01)