

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

14 MAR 24 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

-14

CR2E081 (11/10)

DOCUMENT # **N31182**

1. Corporation Name  
**Coral Bay at Boca Chase Homeowners  
Association, Inc.**

|   |                       |   |                       |
|---|-----------------------|---|-----------------------|
| 2. Principal Office Address - No P.O. Box #<br><b>1037 State Road 7</b> |                       | 3. Mailing Office Address<br><b>1037 State Road 7</b> |                       |
| Suite, Apt. #, etc.<br><b>Suite 302</b>                                 |                       | Suite, Apt. #, etc.<br><b>Suite 302</b>               |                       |
| City & State<br><b>Wellington, FL</b>                                   |                       | City & State<br><b>Wellington, FL</b>                 |                       |
| Zip<br><b>33419</b>   | Country<br><b>USA</b> | Zip<br><b>33419</b>                                   | Country<br><b>USA</b> |

|  |  |
|--|--|
| 4. Date Incorporated or Qualified<br>To Do Business in Florida<br><b>3/19/1989</b>   |  |
| 5. FEI Number<br><b>650318739</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status |  |

7. Name and Address of Current Registered Agent

Name  
**Randall K. Roger & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**621 NW 53<sup>rd</sup> Street**

Suite, Apt. #, Etc.  
**Suite 300**

City  
**Boca Raton**

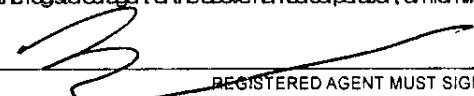
State  
**FL**

Zip Code  
**33487**

**600258188856**  
03/24/14--01037--018 \*\*35.00

**600258188856**  
03/24/14--01037--017 \*\*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  Date **3/21/14**


REGISTERED AGENT MUST SIGN

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                | Lynch, Maria                      | 18183 Clearbrook Circle                        | Boca Raton, FL 33498            |
| T                | Mottola, Edward                   | 18281 Fresh Lake Way                           | Boca Raton, FL 33498            |
| D                | Erro, Jennifer                    | 18149 Clearbrook Circle                        | Boca Raton, FL 33498            |
| D                | Mai moni, Barbara                 | 18252 Clearbrook Circle                        | Boca Raton, FL 33498            |
| <del>VP/AD</del> | <del>Stellino, Gina</del>         | <del>18183 Clearbrook Circle</del>             | <del>Boca Raton, FL 33498</del> |
| S                | Stephanie O'Brien                 | 18365 Fresh Lake Way                           | Boca Raton, FL 33498            |

10. E-mail Address: **LSTERN@CAMS-PROPMGT.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:  **Maria Lynch** Date **3/21/14**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 24 2014

M. WILLIAMS