

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 15 AM 8:29

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32480

1. Corporation Name

The meadow at Parker Lakes Neighborhood
HOA, Inc.

REINSTATEMENT 2011

JC 3/17

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

8359 Beacon Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 313

Suite, Apt. #, etc.

City & State

FT Myers, FL

City & State

Zip

33907

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/24/89

5. FEI Number

59-2953171

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hayden + Associates

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

8359 Beacon Blvd

Suite, Apt. #, Etc.

Suite 313

City

FT Myers

State

FL

Zip Code

33907

500197989465
03/15/11--01034--005 **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

[Signature]

Date

3-9-11

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	Armando Nargi	15270 Cricket Lane	FT Myers, FL 33919
VP	Arthur Cramer	3604 Harbor Ct.	FT Myers, FL 33908
S/T	Judy Bavetz	15057 Cloverdale Dr.	FT Myers, FL 33919
D	Roy Lindbom	9051 Quail Ct.	FT Myers, FL 33919
A/S	Dee Masterson	8359 Beacon Blvd	FT Myers, FL 33907

10. E-mail Address: Dee@Hayden-Associates.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:

[Signature]

[Signature]

3-9-11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #