

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NB2704**

1. Corporation Name

Windsong of Wakulla Homeowners Association, Inc.

Principal Place of Business

Mailing Address

P.O. Box 1045
Crawfordville, FL 32306

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

2. New Principal Office Address, If Applicable

P.O. Box 1045
Suite, Apt. #, etc.

City & State

Crawfordville, Florida

Zip

32306

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 1045
Suite, Apt. #, etc.

City & State

Crawfordville, Florida

Zip

32306

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-7-89

5. FEI Number

59-3022257

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	Pilgrim, Leo	49 Windsong Circle S.	Crawfordville, FL 32327
V	Burns, Tracy	121 Windsong Circle S.	Crawfordville, FL 32327
S/T	Gene Mosser	146 Windsong Circle N.	Crawfordville, FL 32327
D	Ricks, Glenda	22 Windsong Circle S.	Crawfordville, FL 32327
D	Leigh, Suzanne	43 Windsong Circle S.	Crawfordville, FL 32327
D	Thomas, Cathy	45 Windsong Circle N.	Crawfordville, FL 32327

8. Name and Address of Current Registered Agent

Suzanne Leigh
43 Windsong Circle S.
Crawfordville, FL 32327

9. Name and Address of New Registered Agent

Name

Gene Mosser

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

146 Windsong Circle N.

Suite, Apt. #, Etc.

City

Crawfordville, FL

300002380438-0

-12/23/97

State 12/23/97

009

****238

FL 0002736.25

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

Gene Mosser
Gene Mosser
REGISTERED AGENT MUST SIGN

Date 12-16-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(i), 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:

Gene Mosser
Gene Mosser, Secretary/Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-16-97 850-488-3134

Date

Daytime Phone #

FILED

97 DEC 17 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **97**

CP25040 (12/95)