

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 # N33091

W98-14334

1. Corporation Name

Willoughby Pines Homeowners Association, Inc.

Principal Place of Business

Mailing Address

9220 The Lane
Naples, Florida 34109

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/5/89

5. FEI Number

65-0182927

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
P/D	William Trupiano	9220 The Lane	Naples, Florida 34109
S/D	Stephanie T. Trupiano	9220 The Lane	Naples, Florida 34109
D	Kathleen Trupiano	8220 The Lane	Naples, Florida 34109
			800002588658--3
			-07/14/98--01072--026
			***358.75 ***358.75

8. Name and Address of Current Registered Agent

William Trupiano
9220 The Lane
Naples, Florida 34109

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

William Trupiano REGISTERED AGENT MUST SIGN

Date June 12, 1998

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:

William Trupiano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Trupiano

June 12, 1998 (941) 592-0943

Date

Daytime Phone #

CR2E040 (12/96)

FILED

98 JUL -6 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/16/98

REINSTATEMENT

96-98