

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N33276

1. Corporation Name

CHATSWOOD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6340 RATTLESNAKE HAMMOCK RD.
NAPLES FL 34113

4940 TAMARIND RIDGE DR.
NAPLES FL 34119
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 34113

Country USA

Zip 34106

Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

07/14/1989

5. FEI Number

NOT APPLICABLE

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	HILGER, EARL J. William Stackpole	4940 6TH AVE SW 1100 SIXTH AVE S SUITE 229 A	NAPLES FL, 34102
D	HILGER, SONDRA Wayne McAnless	4940 6TH AVE SW 265 DEER WOOD CIRCLE APT 14	NAPLES FL, 34113
DST	GALLMAN, WILLIAM K, JR. A. BERT CROCKER	4940 6TH AVE SW 2450 TARPON RD	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLMAN JR, WILLIAM K
4940 TAMARIND RIDGE DR.
NAPLES FL 34119

Name

A. BERT CROCKER

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

2450 TARPON RD.

Suite, Apt. #, Etc.

P.O. Box 1141

City

NAPLES

State

FL

Zip Code

34106

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

A. Bert Crocker TRUSTEE

Date 11-13-2000

REGISTERED AGENT MUST SIGN

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. BERT CROCKER 11-13-2000 (941) 793-1548

Date

Daytime Phone #

CR2E040 (8/00)