

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -1 PM 12:31

DOCUMENT # **N34106**

1. Corporation Name

**CHEVY CHASE ESTATES Homeowners  
ASSOCIATION, INC.**

100181437181  
07/01/10--01058--004 \*\*175.00

KS

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

**1103 GLENN LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**P.O. Box 1071**

Suite, Apt. #, etc.

City & State

**SAFETY HARBOR, FL**

City & State

**SAFETY HARBOR, FL**

Zip

**34695**

Country

**USA**

Zip

**34695**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**Sept. 6, 1989**

5. FEI Number

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

**AL MERANDO**

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

**1103 GLENN LANE**

Suite, Apt. #, Etc.

City

**SAFETY HARBOR**

State

**FL**

Zip Code

**34695**

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

**Alan Merando**

REGISTERED AGENT MUST SIGN

Date **MAY 5, 2010**

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
Pres	JOE GORMLEY (D)	1107 Hounds Run	SAFETY HARBOR, FL 34695
VP	PAUL MEARS (D)	1106 Hounds Run	
Treas	AL MERANDO (D)	1103 GLENN LANE	
Sec	NAT GUY (D)	1104 Hounds Run	

10. E-mail Address: **A228380@COMCAST.NET**

(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., 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.

SIGNATURE: **X Alan Merando**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**MAY 5, 2010**

Daytime Phone #