

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # N35142

1. Corporation Name

HUNTINGTON TRACE HOMEOWNERS ASSOCIATION, INC

2012 JUN -8 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

334 EAST LAKE RD

3. Mailing Office Address

Suite, Apt. #, etc.

244

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

Zip

34685

Country

USA

Zip

Country

REINSTATEMENT

CR2081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/1989

5. FEI Number

59-3004596

☐ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WENDY FASULO

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

334 EAST LAKE RD

Suite, Apt. #, Etc.

244

City

PALM HARBOR

State

FL

Zip Code

34685

000236084410
02/07/12--01003--003 **236.25000236084410
06/08/12--01030--023 **61.25

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

REGISTERED AGENT MUST SIGN

Date 01/12/12

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
PD	MICHAEL HAUSER	2311 OXFORD COURT	SAFETY HARBOR, FL 34695
ST	DAN SWEENEY	1706 HUNTINGTON CT	SAFETY HARBOR, FL 34695
D	RON BAUERLE	2210 WINDSONG CT	SAFETY HARBOR, FL 34695
D	RICHARD AUSTIN	2305 EATON CT	SAFETY HARBOR, FL 34685

10. E-mail Address: WFASULO@TAMPABAY.RR.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.617.155, F.S.

SIGNATURE:

01/12/12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #