

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

FILED

98 DEC 17 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37116

1. Corporation Name

LAFITTE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1062
PENSACOLA BEACH FL 32562-1062

P.O. BOX 1062
PENSACOLA BEACH FL 32562-1062



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3004017

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
XD	PEAVY, VAN	226 LE STARBOARD DR.	PENSACOLA BEACH FL 32561
VD	MAYO, WILLIAM JR.	5555 PEACHTREE CT	PENSACOLA BEACH FL 32561
VD PD	HERRICK, DOUGLAS DRIGLE, SHANE	157 1000 LE PORT DRIVE	PENSACOLA BEACH FL 32561
D	MANION, THOMAS	4110 CROYDON RD.	PENSACOLA FL
STD	GROW, THOMAS	1060 FT. PICKONS RD.	PENSACOLA BEACH FL
PD	GROW, THOMAS	1060 FT. PICKONS RD.	PENSACOLA BEACH FL

8. Name and Address of Current Registered Agent

GROW, THOMAS E.
1060 FT PICKENS RD
PO BOX 1062
PENSACOLA BEACH FL 32561

9. Name and Address of New Registered Agent

Name

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

598134907080--3

Suite, Apt. #, Etc.

-05/13/98 - 97295--003

City

*****51 25 *****51 25

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

THOMAS E. GROW

REGISTERED AGENT MUST SIGN

Date

12/13/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

N/A

(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.

THOMAS E. GROW

SIGNATURE:

THOMAS E. GROW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/13/98

Daytime Phone #

850 932 1722

CR2E040 (9/98)