

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

02 MAR 25 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41262**

1. Corporation Name

WILLOWICK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1217 WILLOWICK CIR
SAFETY HARBOR FL 34695
US

1217 WILLOWICK CIR
SAFETY HARBOR FL 34695
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1224 Willowick Cir

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Safety Harbor FL

City & State

Zip
34695

Country
US

Zip
34695

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1990

5. FEI Number

59-3071450

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
1	2	3	4
DP	MCCLURE, NOREEN SWENARTON, Tom	1224 1209 WILLOWICK CIR	SAFETY HARBOR FL 34695
DVT	Carta, Joy MILNE, THOMAS P	1205 1217 WILLOWICK CIR	SAFETY HARBOR FL 34695
DS	SEROPIAN, ELIZABETH R Willoughby, Kathy	1225 1206 WILLOWICK CIR	SAFETY HARBOR FL 34695

200005281982--6
-04/16/02--01035--007
****481.25 ****481.25

8. Name and Address of Current Registered Agent

~~MILNE, THOMAS P~~
1217 WILLOWICK CIR
SAFETY HARBOR FL 34695

9. Name and Address of New Registered Agent

Name

Tom Swenarton

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

1224 Willowick Cir

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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

Tom Swenarton

REGISTERED AGENT MUST SIGN

Date

2/27/2002

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

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:

Tom Swenarton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/2002

Daytime Phone #

CR2E040 (9/98)