PLEASE READ ALL INSTRUCTIONS BEFORE CO	OMPLETO THE OFM 2
LORGA DEPARTMENT OF STATE attributed attribu	00 APR 21 AM 10: 13

CORI R <u>EINC</u>	DODATION (I)	LORDA DEPART Lath frim ecretary Division design	MENT OF STATE Hay	ss	APR 21 AM 10: CBETARY OF STA CAMADSEE, FLOOR	TE.	
DOCU 1. Corporation	MENT # N 4307	6				,	
-	rside South P Issociation,	•)wners			÷	
P.O. Box 736 F		3. Mailing Office Address P.O. Box 736 Suite. Apt. #, etc.			,		
City & State High Zip 338 F	and City fla. Country U.S.A.	City & State Highland Zip 33846	City, fla Country U.S.A.	5. FEI Number 59 - 3	023483		lied For Applicable Fee required
er zinn er <u>ma</u> naz er sant troppe	special results and a special results are a special results and a special results and a special results and a special results are a	7. Name and Ad	dress of Current Registers	ed Agent			
_	Name Robin D Street Address (P.O. Box Number is Not 14914 Tr Suite, Apt. #, Etc. City Lakeland	adition		36	00003236 -05/01/00 ****131.25 State Zip Code FL 33813-	010140 ***13	
8. I, being ap Signature of Registered Ag		ve named corporation, am far	υ	oligations of sectio	on 607.0505 or 617.0503, F. Date		0
9. Names a	and Street Addresses of Each Officer and	or Director (Florida nonprofit	corporations must list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	*	City / Si	tate / Zip	
2010	Q 1. D 11		0:):		1 1 0 01		

P/D Robin D. Adams H914 Tradition Dr. Lakeland fla 33813

VP/D Linda K. Bryant 4947 Tradition Dr. Lakeland fla 33813

S/D Sonya Collier 4932 Tradition Dr. Lakeland, fla 33813 Jan M. Barlow 4908 Tradition Dr. Lakeland fla 33813

10. 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., the owner of 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 of 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 of 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)(ii), F.S. The information of 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)(ii), F.S. The information of 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)(ii), F.S. The information of 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)(ii), F.S. The information of the corporation have been paid and the names of individuals listed on this formation of the corporation of the corporation have been paid and the names of individuals listed on this formation of the corporation of t on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIG	NA	TU	RE:

Robin D. Adams 4/10/2000 863-648-5825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #

PARKSIDE SOUTH HOMEOWNERS ASSOCIATION, INC. P.O. BOX 736 HIGHLAND CITY, FLORIDA 33846

APRIL 10, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

ATTENTION: REINSTATEMENT OFFICER

PER MY CONVERSATION WITH A GENTLEMAN IN YOUR OFFICE ON MARCH 14, 2000, WE ARE REQUESTING REINSTATEMENT FOR PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC.

DUE TO THE RESIGNATION AND RELOCATION OF PREVIOUS OFFICERS, THE "NONPROFIT CORPORATION ANNUAL REPORT" APPLICATION FORM WAS NEVER RECEIVED FOR THE YEAR 1999. WHEN I FOUND OUT THAT THE HOMEOWNERS ASSOCIATION HAD BEEN DISSOLVED ON SEPTEMBER 24, 1999 I UNDERSTOOD WHY WE HAD NOT RECEIVED A PACKET FOR THE YEAR 2000.

OUR ASSOCIATION IS ASKING FOR A ONE-TIME-ONLY WAIVER OF THE LATE FEES. A P.O. BOX HAS BEEN ESTABLISHED FOR OUR ASSOCIATION TO PREVENT THIS FROM HAPPENING AGAIN.

ENCLOSED IS THE ASSOCIATION CHECK FOR THE AMOUNT OF \$131.25. THIS IS TO COVER THE FILING FEE OF \$61.25 FOR 1999 AND 2000, WITH \$8.75 GOING TOWARD THE CERTIFICATE OF STATUS FOR THE YEAR 2000.

IT IS OUR UNDERSTANDING THE PARKSIDE SOUTH PROPERTY OWNERS ASSOCIATION, INC. BECOMES THE PARKSIDE SOUTH HOMEOWNERS ASSOCATION, INC. WHEN -2/3 OCCUPIED BY HOMEOWNERS. AT THE PRESENT TIME THE PARKSIDE SOUTH SUBDIVISION IS 100% OCCUPIED. WE WOULD LIKE THE NONPROFIT CORPORATION ANNUAL REPORT TO REFLECT THIS CHANGE.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER.

Rolin D. adams

ROBIN D. ADAMS
PRESIDENT
PARKSIDE SOUTH HOMEOWNERS ASSOCIATION, INC.

RDA/CRW ENCLOSURE