

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -2 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N45215**

1. Corporation Name

CPR HOMEOWNERS ASSOCIATION, INC.

REINSTATEMENT 03-04

Principal Place of Business

Mailing Address

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765
US

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



500028059895
02/02/04--01095--012 **297.50

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3080283

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	HARTZELL, BOBBIE	2520 COUNTRYSIDE PINES DR	CLEARWATER FL 33761
STD	BLATT, ROBERT	2508 COUNTYSIDE PINES DR	CLEARWATER FL 33761
PD A	MARKS, ALEMDA	2506 COUNTRYSIDE PINES DR	CLEARWATER FL 33761
D	CAIRO, SHELLEY	2548 COUNTRYSIDE PINES DR	CLEARWATER FL 33761
D	MORALES, WILLIAM	2526 COUNTRYSIDE PINES DR	CLEARWATER FL 33761

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEIGHTON, LEONARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Leonard A. Leighton
REGISTERED AGENT MUST SIGN

Date 12/31/03

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 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:

Bobbie Hartzell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/04

CR2ED40 (7/03)