

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46694

1. Corporation Name

Crystal Beach Cottages Phase II Homeowner's Association,
INC. Document # N46694

2. Principal Office Address

P.O. Box 172

3. Mailing Office Address

P.O. Box 172

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Destin, FL

Zip

32540

Country

USA

Zip

32540

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/1992

5. FEI Number

593103266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PLEAT, DAVID

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

4477 Legendary Dr.

Suite, Apt. #, Etc.

STE #202

City

Destin

State
FL

Zip Code

32541

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 10/23/02

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
P	David Teetz	4474 Clipper Cove	Destin FL 32541
V/T	Ole Hill	4483 Clipper Cove	Destin FL 32541
S	Roger Bennett	4461 Clipper Cove	Destin FL 32541
D	Gloria Hilliard	4449 Clipper Cove	Destin FL 32541
D	Sandy McGill	4485 Clipper Cove	Destin FL 32541
D	Jan Shevin	3413 Oak Canyon Dr	Birmingham AL 35243

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., 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:

David O. Teetz

David Teetz

10/23/02

850-882-8085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

282

Additional Officers and/or Directors

[illegible]

383

Crystal Beach Cottages Phase II Homeowner's Association, INC

P.O. Box 172
Destin, FL 32541

Monday, October 21, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir / Madame:

Hi, my name is Wayne Bergeron and I am the new manager at Crystal Beach Cottages Phase II. I was looking at the check stubs and I noticed that check #1752 made to the Dept for \$61.25 has not cleared the bank. I emailed your office and was told to call 850-245-6059. I was then told to fill out the form for reinstatement, include a letter of explanation, and a check for \$61.25.

I am unable to contact the previous manager for her explanation of what might have happened to the check. I have included everything that was requested.

Thanks for your help,

Wayne Bergeron, Association Manager
