PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 DEC 11 PM 12:43

CR2E081 (11/10)

DOCUMENT #

Corporation Name

Sabal Grove Homeowner's Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1048 Jacaranda Cir.	P.O. BOX 56051
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Rockledge FL	City & State: Rockledge FL
Zip: 32955 Country:	Zip: 32956 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/1992

5. FEI Number: N/A — 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: Andrew P Hardy

Street Address (P.O. Box Number is Not Acceptable): 1048 Jacaranda Circle

Suite, Apt. #, Etc:

City: ~~Rockledge~~ Rockledge — State: FL — Zip Code: 32955

For having no RA listed.
2019 AR
DC
12/11/19

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: Andrew P Hardy — Date: 3 OCT 2019

REGISTERED AGENT MUST SIGN

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
~~President~~	Andrew P Hardy	1048 Jacaranda Circle Rockledge FL 32955	Rockledge FL 32955
S	Lisa Persse	1021 Jacaranda Circle Rockledge FL 32955	Rockledge FL 32955
D	Sharon Evans	1023 Jacaranda Circle	Rockledge FL 32955
D	Cliff Strozier	1003 Sabal Grave Dr	Rockledge FL 32955
T	Angel Telles	962 Tamarind Circle	Rockledge FL 32955
D	Dennis Wilkerson	1003 Jacaranda Circle	Rockledge FL 32955

OVER →

10. E-mail Address: aphardy@aol.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Andrew P Hardy — 3 OCT 2019 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date