

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR -8 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001945

1. Corporation Name

HIDDEN COVE WEST MOBILE HOME OWNERS
ASSOCIATION, INC.

2. Principal Office Address

624 Lake Henry Drive

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

Zip

33881

Country

3. Mailing Office Address

682 Maitland Avenue

Suite, Apt. #, etc.

City & State

Altamonte Springs, Florida

Zip

32701

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/1994

5. FEI Number

592862857

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
Lee Jay Colling

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

682 Maitland Avenue

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code
32701

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

Lee Jay Colling
REGISTERED AGENT MUST SIGN

Date February 27, 2003

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/D	Ray Lockhart	662 Lake Henry Lane	Winter Have FL 33881
V/D	Robert Beagle	445 Dolphin Dr.	Winter Haven FL 33881
S/D	Maggie Leasure	600 Lake Henry Drive	Winter Haven, FL 33881
P/D	Carol Nieman	512 Lake Henry Drive	Winter Haven, FL 33881
DD	William Rossman	503 Lake Henry Drive	Winter Haven, FL 33881

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:

CAROL G NIEMAN
Carol Nieman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/03 843-299-0977
Date Daytime Phone #

CR2E081 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 18, 2003

HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION, INC.
624 LAKE HENRY DRIVE
WINTER HAVEN, FL 33881 US

SUBJECT: HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION,
INC.
Ref. Number: N94000001945

We have received your document for HIDDEN COVE WEST MOBILE HOME OWNERS ASSOCIATION, INC. and check(s) totaling \$183.75. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 203A00016645