

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 30 PM 4:05

DOCUMENT # N95000001029

1. Corporation Name

ORANGE PARK COUNTRY CLUB RESIDENTS ASSOCIATION, INC.

Principal Place of Business

531 SUGAR GROVE PL.
2455 LOCH RANE BLVD.
ORANGE PARK FL 32073

Mailing Address

531 SUGAR GROVE PL.
2455 LOCH RANE BLVD.
ORANGE PARK FL 32073



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

531 SUGAR GROVE PL

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

531 SUGAR GROVE PL

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

03/02/1995

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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
P	KNAFELC, FRANK	531 SUGAR GROVE PLACE	ORANGE PARK FL
VP	HUDSON, RAY MACKIN, TOM	2714 2714 COUNTRY CLUB BLVD	ORANGE PARK FL
T	ROBICHEAUX, CHERYL	514 BERKSHIRE CT	ORANGE PARK FL
S	HARKNESS, PAT	2836 COUNTRY CLUB BLVD	ORANGE PARK FL
D	COOK, JOAN FALCONER, DOUG	503 SUGAR GROVE PL 703 CHERRY GROVE RD	ORANGE PARK FL
D	HOLLINGER, SHERRY VERMILYEA, JEFF	557 COUNTRY CLUB BLVD 503 GOLDEN LINKS DR	ORANGE PARK FL

8. Name and Address of Current Registered Agent

ALLEN, GLENN K
353 E. FORYSTH ST.
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 000003069650--4
City -12/14/99--01083--012
*****236506 ZIP 3236.25
FL

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/29/99

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:

[Signature] (FRANK KNAFELC) 11/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD