

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N95000001987**

1. Corporation Name

DEAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

1016 DEAN POINT PL
ORLANDO FL 32825
US

Mailing Address

P O BOX 780556
ORLANDO FL 32825
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

09

4. Date Incorporated or Qualified To Do Business in Florida

04/25/1995

5. FEI Number

59-3342509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee to be paid 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	BOYLE, DONALD	10116 OCEAN POINT PL	ORLANDO FL 32825
VPD	ALEXANDER, LORRIE	10252 DEAN POINT PL	ORLANDO FL 32825
TD	DIAZ, LORENZO	10140 DEAN POINT PL	ORLANDO FL 32825
SD	LEON, BRENDA	10231 DEAN POINT PL	ORLANDO FL 32825

300003038693--9
-11/09/99--01003--025
*****175.00 *****175.00

8. Name and Address of Current Registered Agent

BOYLE, DONALD
10116 DEAN POINT PL
ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

300003038693--9
-11/09/99--01003--026
*****61.25 *****61.25

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

Donald Boyle **REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10/27/99

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:

Donald Boyle **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/27/99 407-355 5050

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1996.
AMOUNT DUE ON OR BEFORE 09/15/95: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N95000001987

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DEAN POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
1016 DEAN POINT PL
ORLANDO FL 32825
US

Mailing Address
P O BOX 780556
ORLANDO FL 32825
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3342509	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	9. Name and Address of Current Registered Agent	
BOYLE, DONALD 10116 DEAN POINT PL ORLANDO FL 32825				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Donald J. Boyle (NOTE: Registered Agent signature required when reinstating) DATE 10/27/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	BOYLE, DONALD	1.2 NAME	LAMPE, KEVIN
STREET ADDRESS	10116 OCEAN POINT PL	1.3 STREET ADDRESS	10129 DEAN POINT PL
CITY-ST-ZIP	ORLANDO FL 32825	1.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	VPD	2.1 TITLE	SD
NAME	ALEXANDER, LORRIE	2.2 NAME	COLLAZO, AVONNE
STREET ADDRESS	10252 DEAN POINT PL	2.3 STREET ADDRESS	10120 DEAN POINT PL
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	TD	3.1 TITLE	TD
NAME	DIAZ, LORENZO	3.2 NAME	GONZALES, LISETTE
STREET ADDRESS	10140 DEAN POINT PL	3.3 STREET ADDRESS	10125 DEAN POINT PL
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE	SD	4.1 TITLE	D
NAME	LEON, BRENDA	4.2 NAME	SANTIAGO, JOSE
STREET ADDRESS	10231 DEAN POINT PL	4.3 STREET ADDRESS	10136 DEAN POINT PL
CITY-ST-ZIP	ORLANDO FL 32825	4.4 CITY-ST-ZIP	ORLANDO FL 32825
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 10/27/99 DAYTIME PHONE: 407-355-5856

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CR2E037 (5/99)