

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR 96-97
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUN -4 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003488

1. Corporation Name

CAMP CREEK COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

402 Jenks Avenue
Panama City, FL 32401

REINSTATEMENT 96-97
a. alan
6/4/97

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

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	Peter B. Stabell	402 Jenks Avenue	Panama City, FL 32401
VT/D	Jason P. Stabell	402 Jenks Avenue	Panama City, FL 32401
VP/D	Jim Anders	402 Jenks Avenue	Panama City, FL 32401
S	Kaarina M. Stabell	402 Jenks Avenue	Panama City, FL 32401

900002206949--7

-06/10/97--01015--002

****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

John L. Gioiello, Esq.
402 Jenks Avenue
Panama City, FL 32401

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 5-23-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Peter B. Stabell PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PETER B. STABELL

5-23-97

Date

Daytime Phone #

CR2E040 (12/96)