

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 JUL 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N96000004618

**1. Corporation Name**

Summerwood at Panama City Beach Homeowners  
Association, Inc.

**Principal Place of Business**

2405 Jenks Avenue  
Panama City, Fl. 32405

**Mailing Address**

2405 Jenks Avenue  
Panama City, Fl. 32405

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

**2. New Principal Office Address, If Applicable**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. New Mailing Office Address, If Applicable**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

September 3, 1996

**5. FEI Number**

593401099

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☐

See 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
PD	W.E. Durham	2405 Jenks Avenue	Panama City, Fl. 32405
PD	David G. Tillis	2405 Jenks Avenue	Panama City, Fl. 32405
PD	P.T. McGowan	2405 Jenks Avenue	Panama City, Fl. 32405
PD	Lewis Howell	2405 Jenks Avenue	Panama City, Fl. 32405
<b>REINSTATEMENT</b> 97-98/27/13			

**8. Name and Address of Current Registered Agent**

R.A. Anderson  
2405 Jenks Avenue  
Panama City, Fl. 32405

**9. Name and Address of New Registered Agent**

Name  
**John Barid**  
Street Address (P.O. Box Number is Not Acceptable)  
7900 Glades Road  
Suite, Apt. #, Etc.  
Suite 200  
City  
Boca Raton  
State  
**FL**  
Zip Code  
33434

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 7-16-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

*[Signature]*

Lewis Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-15-98

Daytime Phone #