PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 OCT -7 AM 9:30

DOCUMENT # N97000001135

1. Corporation Name
Eagles Landing Homeowners Association, Inc.

700437711237
10/07/24--01022--001 **237.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9503 SW Eagles Landing	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Stuart, Florida	
Zip: 34997 Country: US	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1997

5. FEI Number: 36-4504987 ☐ 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: Tom E. VanDeWalle

Street Address (P.O. Box Number is Not Acceptable): 9503 SW Eagles Landing

Suite, Apt. #, Etc:

City: Stuart | State: FL | Zip Code: 34997

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: Tom VanDeWalle — Date: 9-30-24

REGISTERED AGENT MUST SIGN

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
PD	Nelson Burton, Jr.	9359 SW Eagles Landing	Stuart, FL 34997
DST	Tom E. VanDeWalle	9503 SW Eagles Landing	Stuart, FL 34997
D	Brent Danielson, Dr.	9527 SW Eagles Landing	Stuart, FL 34997
D	Kevin Smith	9503 SW Eagles Landing	Stuart, FL 34997

10. **E-mail Address:** tvande5050@gmail.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S

SIGNATURE: Tom VanDeWalle TOM VANDEWALLE 9-30-24 772-288-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #