

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 SEP 27 AM 8:23

DOCUMENT # N97000004377

1. Corporation Name

Camp Walton Village Condominium Association, Inc.

Principal Place of Business

228 Brooks Street, Suite B
Ft. Walton Beach, FL 32548

Mailing Address

228 Brooks Street, Suite B
Ft. Walton Beach, FL 32548

REINSTATEMENT

98-99

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

8/1/97

5. FEI Number

59-3460763

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)

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/S/T D/C	Susan S. Myers	31 Bay Drive SE	Fort Walton Beach, FL 32548
D	Daniel C. Perri	5 Clifford Drive	Shalimar, FL 32579
D	Earl Mitchell	228 Brooks Street, Suite B	Fort Walton Beach, FL 32548

400002999624--2
-09/29/99--01002--005
****297.50 ****297.50

8. Name and Address of Current Registered Agent

Daniel C. Perri
5 Clifford Drive
Shalimar, FL 32579

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

D. Perri

REGISTERED AGENT MUST SIGN

Date

9/21/99

11. This corporation owes 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.

AD

SIGNATURE:

Susan S. Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan S. Myers, President

9/1/99

Date

(850) 244-4428

Daytime Phone #

CR25081 (12/98)