

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N98000000165

1. Entity Name
CLUB ROAD ESTATES HOMEOWNERS' ASSOCIATION,
INC.



FILED

07 NOV -7 AM 10: 56

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5446 CLUB CIRCLE
HAVERHILL, FL 33415

Mailing Address
POST OFFICE BOX 708
PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10192007 REIN-NP

CR2E099 (1/07)

07



REINSTATEMENT

4. FEI Number
65-0876575

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, GLENN D
2 SHANNON CIRCLE
WEST PALM BEACH, FL 33401

Name

Scot A. Gerrish

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

CMC management, Inc.

2950 Jog Road

City

Greenacres

FL

Zip Code

33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

T
NAME TUMA, MICHELE
STREET ADDRESS 5456 CLUB CIRCLE
CITY-ST-ZIP HAVERHILL, FL 33415 ☐ Delete

VP
NAME BROOKS, FLOYD
STREET ADDRESS 5415 CLUB CIRCLE
CITY-ST-ZIP HAVERHILL, FL 33415 ☐ Delete

S
NAME BIGHAM, BRANDI
STREET ADDRESS 5412 CLUB CIRCLE
CITY-ST-ZIP HAVERHILL, FL 33415 ☐ Delete

P
NAME HARVIN, REMAR
STREET ADDRESS 5446 CLUB CIRCLE
CITY-ST-ZIP HAVERHILL, FL 33415 ☐ Delete

D
NAME MURPH, BETTY
STREET ADDRESS 5446 CLUB CIRCLE
CITY-ST-ZIP HAVERHILL, FL 33415 ☐ Delete

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

SD
NAME Tuma, Michele
STREET ADDRESS 5456 Club Circle
CITY-ST-ZIP HAVERHILL, FL 33415 ☒ Change ☐ Addition

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11/07/07--01024--002 **236.25
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-07

Date

641-1016

Daytime Phone #