

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 9800000 2026

1. Corporation Name

Hills of Windsor Homeowner's Ass'n of
Columbia County, Inc.

000052064200
04/26/05--01007--019 **603.75

2. Principal Office Address

934 NE Lake Desoto Cir

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32055

Country

USA

3. Mailing Office Address

934 NE Lake Desoto Cir

Suite, Apt. #, etc.

City & State

Lake City FL

Zip

32055

Country

USA

REINSTATEMENT 99-05

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/1998

5. FEI Number

☒ 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

Robert F Jordan

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

934 NE Lake Desoto Cir

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

Robert F Jordan

Date

3/4/05

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
Pres.	Elizabeth Ordinario	183 S.W. Windsor Hill	Glen Lake City, FL. 32024
Treas.	Pha Nette Neal	554 S.W. Windsor Dr.	Lake City, FL. 32024
Secy.	Winnie Jordan	234 S.W. Windsor Dr.	Lake City, FL. 32024

10. 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:

Elizabeth B. Ordinario

Elizabeth B. Ordinario March 1, 2005 (386) 961-9476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)