

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000005627

1. Corporation Name

VILLAGE ON CRESCENT LAKE AT BRECKENRIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

19850 BRECKENRIDGE DR  
ESTERO FL 33928

Mailing Address

19850 BRECKENRIDGE DR  
ESTERO FL 33928

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

09/30/1998

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75

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	4 City / State / Zip
D	<del>SNEERINGER, EUGENE JR.</del> SULLIVAN, John	<del>19850 BRECKENRIDGE DR</del> 52 CORPORATE CIR	<del>ESTERO FL 33928</del> ALBANY, N.Y. 12212
D	NICOLLA, JOSEPH R	52 CORPORATE CIR	ALBANY NY 12212
D	LOTURCO, JOSEPH D	19850 BRECKENRIDGE DR	ESTERO FL 33928
			300003058733--8 -12/02/99--01041--024 ****245.00 ****245.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOTURCO, JOSEPH D  
19850 BRECKENRIDGE DR  
ESTERO FL 33928

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/28/99

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., 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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/99

941-992-4140

Daytime Phone #