

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 MAR 13 AM 11:02

**DOCUMENT # N99000002218**

1. Corporation Name

Pretty Pond Acres Homeowners Association, Inc.

**REINSTATEMENT 11-12**

200224536312  
03/13/12--01005--004 \*\*297.50

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

7433 Ryman Loop

Suite, Apt. #, etc.

3. Mailing Office Address

7433 Ryman Loop

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zephyrhills, FL

Zip

33540

Country

USA

Zip

33540

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/99

5. FEI Number

593583025

☐ 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

Skyelynn McAdams

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

1600 Lindale Ave.

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

MAR 13 2012

T. CAULEY

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

*Skyelynn McAdams*  
REGISTERED AGENT MUST SIGN

Date 03/05/12

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
P	Carol Walert	7052 Ryman Loop	Zephyrhills, FL 33540
VP	Pat Williams	7102 Ryman Loop	Zephyrhills, FL 33540
T	Skyelynn McAdams	1600 Lindale Ave.	Eustis, FL 32726

10. E-mail Address: skyemcadams@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: *Skyelynn McAdams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/12

Date

813-469-1457

Daytime Phone #