

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 11 PM 12:59

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000005152

1. Corporation Name

Clipper Bay Homeowners' Association, Inc.

WD8-3161

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

140-D First Street West

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 157

Suite, Apt. #, etc.

City & State

St. George Island, Florida

Zip

32328

Country

USA

City & State

Apalachicola, Florida

Zip

32329

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida January 16, 2002

5. FEI Number

None

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/07)

**7. Name and Address of Current Registered Agent**

Name

Barbara Sanders

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

Barbara Sanders, P.A.

Suite, Apt. #, Etc.

80 Market Street

City

Apalachicola

State

FL

Zip Code

32320

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Barbara Sanders*

Date January 7, 2008

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
P	William W. Field	2327 Lake Park Drive	Albany, GA 31708
VP	Rhonda W. Gravley	2450 Fortune Drive	Dacula, GA 30019

B 2/12/08

REINSTATEMENT 03-08

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 contained in Chapter 119, 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

NICHOLAS YONCLAS  
RESIDENT AGENT

Date

1/9/08

Daytime Phone #

(850) 670-1616