

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 24 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # NO 2000003655

1. Corporation Name
OAK PARK TOWNHOMES OWNERS ASSOCIATION, INC.

962 SCENIC OAK LANE
P.O. BOX 1164

2. Principal Office Address
962 SCENIC OAK LANE

3. Mailing Office Address
P.O. BOX 1164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FORT WALTON BEACH, FL

City & State
MARY ESTHER, FL

Zip Country
32547-4973 USA

Zip Country
32569 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05
12/13/04 01060 004 70⁰⁰

7. Name and Address of Current Registered Agent

Name
BARBARA J McDANIELS

Street Address (P.O. Box Number is Not Acceptable)
962 SCENIC OAK LANE

Suite, Apt. #, Etc.

City
FORT WALTON BEACH

State Zip Code
FL 32547-4973

400044407784
01/18/05 01033 009 **70.00

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 J McDaniels
REGISTERED AGENT MUST SIGN

Date JANUARY 07, 2005

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	GAIL POLOMSK	983 SCENIC OAK LANE	FORT WALTON BEACH, FL 32547
V/P	BARBARA J McDANIELS	962 SCENIC OAK LANE	FORT WALTON BEACH, FL 32547
S/T	SALLY BOSWELL	973 SCENIC OAK LANE	FORT WALTON BEACH, FL 32547
D	KENNETH KROST	4436 WINDWARD LANE COVE	NICEVILLE FL, 32578
D	VALERIE VOLZ	960 SCENIC OAK LANE	FORT WALTON BEACH, FL 32547

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: BARBARA J. McDaniels Barbara J McDaniels 01-07-2005 850-581-8274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E081 (01/04)

2 of 2

OAK PARK TOWNHOMES ASSOCIATION ,INC.
P.O. BOX 1164 MARY ESTHER, FL 32569

JANUARY 07,2005

SUBJECT: OAK PARK TOWNHOMES OWNERS ASSOCIATION, INC.

Ref. Number: N02000003655

Ref. Letter: 704A00069460

To whom it may concern,

This is a request for a waiver on the \$175.00 Fee, the Association was turned over to the homeowners in April of 2004 by Whitrock Builders (Keith Rockman). We were not informed that he had not paid the 2004 dues.

We have not received any notice stating that any fees were due, since we received ownership of the Association in April 2004, I would think Mr Rockman would have paid them since he was owner at that time.

I would ask that you waive the fee for this reason. As indicated in your letter you have our check in the amount of \$70.00. I am inclosing another check in the amount of \$70.00 for 2005.

Your help in getting this correction completed is greatly appreciated.

Sincerely,



Barbara J McDaniels, V/P

962 Scenic Oak Park Lane

Fort-Walton Beach, FL 32547-4973

Phone: 850-581-8274

INC.

CHK # 1069 - \$70.00