

# APPLICATION FOR REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 27 PM 2:04

DOCUMENT # **N95000002535**

1. Corporation Name

**BANANA POINT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5135 BANANA PT DR  
OKAHUMPKA FL 34762  
US

5135 BANANA PT DR  
OKAHUMPKA FL 34762  
US



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
~~McLin, Burnsed, et.al.~~

3. New Mailing Office Address, If Applicable  
~~McLin, Burnsed, et.al.~~

4. Date Incorporated or Qualified  
To Do Business in Florida

05/30/1995

Suite, Apt. #, etc.  
1100 Main Street, STE 211

Suite, Apt. #, etc.  
PO Box 1299

5. FEI Number

59-3318647

Applied For

Not Applicable

City & State  
The Villages, FL 32159

City & State  
Lady Lake, FL 32158-1299

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip 32159

Country USA

Zip 32158-1299

Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	WALLING, H. BENNETT	5135 BANANA PT DR	OKAHUMPKA FL 34762
DVT	CARTER, CAROLINE	<del>35419 FOX RUN CIRCLE</del> 5100 Banang EUSTIS FL Pt. Drive OKahumpka, FL 34762	
DS	ROY, CATHY	5101 BANANA PT DR	OKAHUMPKA FL 34762
			800003526308--8 -01/08/01--01013--002 ****236.25 ****236.25
			12/2/98

8. Name and Address of Current Registered Agent

WALLING, H. BENNETT  
5135 BANANA POINT DR  
OKAHUMPKA FL 34762

9. Name and Address of New Registered Agent

Name  
Steven M. Roy  
Street Address (P.O. Box Number is Not Acceptable)  
1100 Main Street  
Suite, Apt. #, Etc.  
Suite 211  
City  
The Villages  
State  
FL  
Zip Code  
32159

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/4/00

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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00

Date

352-187-1227

Daytime Phone #