

Organization ID # 0504416  
State of origin KY  
Filing fee \$250.00

# Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State

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NPRF  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
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Fee Receipt: \$250.00

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

## Reinstatement Application and Reinstatement Annual Report For the years 2008 through 2017

### Exact organization name and principal office address

CABIN CREEK RESIDENTS ASSOCIATION, INC.  
P.O. BOX 6551  
147 COMBS COURT  
SHEPHERDSVILLE KY 40165

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at [app.sos.ky.gov/ftsearch](http://app.sos.ky.gov/ftsearch) or can be downloaded from our website.

### Registered Agent and Registered Office Address

JENNIFER HATFIELD BARBAGALLO  
P.O. BOX 6551  
161 EAST 2ND STREET  
SHEPHERDSVILLE, KY 40165

### FEIN (Optional)

If the above company is included in a parent company's Kentucky tax return as a disregarded company's information here (optional):

FEIN: \_\_\_\_\_ Name: \_\_\_\_\_

**Principal Officers** - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

Secretary	DEBBIE WELLS
Vice President	TONY RUMMAGE
President	JOHN MADERIO JR.
Treasurer	SANDY SNYDER

1271 CABIN CREEK DR. BROOKS, Ky 40109  
CHARLIE WELLS

**Directors** - Non-profit corporations must have at least three (3) directors. All directors of the non-profit must be listed. If not specified, director addresses default to the principal office address.

JOHN MADERIO JR.	CHARLIE WELLS
TONY RUMMAGE	V.P.
DEBBIE WELLS	1271 CABIN CREEK DR. BROOKS, Ky. 40109
SANDY SNYDER	

The above entity was administratively dissolved on November 1, 2008 because the entity did not file its annual report for the year 2008. The undersigned states that the grounds for dissolution either did not exist or have been eliminated, and the entity's name satisfies the requirements of KRS 273.3181. Enclosed is a check in the amount of \$250.00, payable to Kentucky State Treasurer.

Under penalty of perjury, the below signed hereby authorizes the Kentucky Department of Revenue to release any applicable tax information pertaining to CABIN CREEK RESIDENTS ASSOCIATION, INC. to the Secretary of State, as required for reinstatement pursuant to KRS 271B.14-220.

If not an officer of said entity, please provide a Declaration of Power of Attorney with the Reinstatement Application.

X Tony Rummage  
Signature of officer or chairman of the board (Required)

VICE - PRESIDENT  
Title (Required)

DEC. 4<sup>TH</sup> 2017  
Date (Required)



**DANIEL P. BORK**  
Commissioner

**FINANCE AND ADMINISTRATION CABINET  
DEPARTMENT OF REVENUE  
OFFICE OF INCOME TAXATION**

December 6, 2017

**CABIN CREEK RESIDENTS ASSOCIATION, INC.  
P.O. BOX 6551  
147 COMBS COURT  
SHEPHERDSVILLE KY 40165**

Re: Request for a Letter of Good Standing

Based upon the Department of Revenue records and the information submitted, **CABIN CREEK RESIDENTS ASSOCIATION, INC.** is exempt from filing a Kentucky Corporation Income Tax Return pursuant to KRS 141.040, KRS 141.0401 and KRS 136.070. This exemption does not apply to any other taxes administered by the Commonwealth of Kentucky. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Any changes in the corporation's articles of incorporation, by-laws, method of reporting, name or address, or ruling by the Internal Revenue Service must be reported to this office.

Sincerely,

Stephanie REVX219, Taxpayer Services Specialist II  
Division of Corporation Tax  
501 High Street, Mail Sta. 52  
Frankfort, KY 40601  
Phone# (502) 564-2028  
FAX# (502) 564-0058

Kentucky Secretary of State organization number 0504416