744164

(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 27, 2013

WATER BRIDGE 5 ASSOCIATION, INC. % 5935 DEL LAGO CIRCLE #304 SUNRISE, FL 33313

SUBJECT: WATER BRIDGE 5 ASSOCIATION, INC.

Ref. Number: 744164

It has been brought to the attention of the Department of State, Division of Corporations, that service of process cannot be served on RICHARD LONGMORE P as registered agent for WATER BRIDGE 5 ASSOCIATION, INC. at RICHARD P LONGMORE 5935 DEL LAGO CIRCLE #304 SUNRISE, FL 33313. In accordance with Florida Statutes, every business entity shall keep the registered office open from 10:00 a.m. to 12:00 noon each day except Saturdays, Sundays, and legal holidays, and shall keep one or more registered agents on whom process may be served at the office during these hours.

Consider this letter as the Department of State's notice of intent to administratively dissolve/revoke WATER BRIDGE 5 ASSOCIATION, INC., for failure to maintain a registered agent as required by section WATER BRIDGE 5 ASSOCIATION, INC., Florida Statutes. This business entity will be dissolved/revoked on or after October 26, 2013 unless an address change that complies with Florida Statutes, or indication that service can be properly served at RICHARD P LONGMORE 5935 DEL LAGO CIRCLE #304 SUNRISE, FL 33313 is sent to my attention at the address below.

I am enclosing a "Statement of Change of Registered Office or Registered Agent" form to be completed and returned to my attention with the appropriate filing fee. If you have questions regarding this matter, feel free to contact this office at (850) 245-6059.

Stacy Prather, Regulatory Specialist III
Bureau of Commercial Recording
Division of Corporations

Letter No: 213A00020085

Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Male of Corporation

DOCUMENT NUMBER: 744/64

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Water Supplied Supplied

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Opa Rence Wallace at (954) 328-2451
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building

Street Address:

2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Water Bridge 5 Association, Inc. 2. The principal office address: 5935 Del Lago Circle 5/11/15e, 4/333/3
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Richard Long More. ## 32//
Richard Longmore. Sunrise FL 33313 Richard Longmore. Sunrise FL 33313 FE 304
6. The name and street address of the new registered agent (if changed) and /or registered office Hr (if changed): OLGA RENEE WALLACE 5935 DEL LAGO CIR de # 302 P.O. Box NOT acceptable Sunrise, FL 33313
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Uga Renee Wallace 9/5/2013 Signature of Registered Agent Date
If signing on behalf of an entity: Typed or Printed Name
••

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *