

1  
N00000005739

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

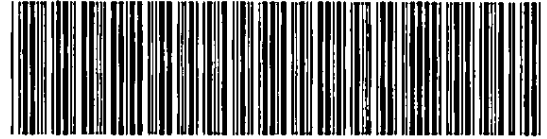
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 10 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2020

SARA CATLETT  
8840 TERRANCE CT, #102  
BONITA SPRINGS, FL 34135

SUBJECT: THE MANORS AT FOUNTAIN LAKES CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N00000005739

We have received your document for THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 120A00001777

*See attached to process  
Thanks!*

2020 FEB -6 AM 10:57

RECEIVED

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000005739

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:

SARA CATLETT

Name of Contact Person

PEGASUS PROPERTY MANAGEMENT

Firm/Company

8840 TERRENE CT. #102

Address

BONITA SPRINGS, FL 34135

City/State and Zip Code

ASHLEY@PEGASUSCAM.COM

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

For further information concerning this matter, please call:

CATHY NAGELHOUT

Name of Contact Person

at (239)

454-8568

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
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: THE MANORS AT FOUNTAIN LAKES CONDOMINIUM ASSOCIATION, INC  
2. The principal office address: PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE CT. #102, BONITA SPRINGS, FL 34135

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N00000005739

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)

GUARDIAN PROPERTY MANAGEMENT

6704 LONE OAK BLVD.

NAPLES, FL 34109

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

d/b/a PEGASUS PROPERTY MANAGEMENT - Kinderbuck Property Management

8840 TERRENE CT. #102

P.O. Box NOT acceptable

BONITA SPRINGS, FL 34135

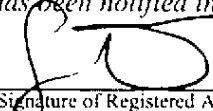
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Edwin Schreiner President  
Printed or typed name and title

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.

  
Signature of Registered Agent

12-19-19  
Date

If signing on behalf of an entity:

Sara Catlett  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)

FILED  
2020 FEB - 6 PM 12:37  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE