

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 033 ****61.25

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1. Entity Name
SHELDON/WATERS COMPLEX ASSOCIATION, INC.



Principal Place of Business
8713 CREST LANE
FORT MYERS, FL 33907

Mailing Address
8713 CREST LANE
FORT MYERS, FL 33907

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1060657

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORMUTH, PAULA JEAN
8713 CREST LANE
FORT MYERS, FL 33907

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KENNDEY, DAVID A
STREET ADDRESS 2910 W BAY TO BAY BLVD., STE. 2000
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VD
NAME WHITING, PAUL
STREET ADDRESS 2910 W BAY TO BAY BLVD., STE. 2000
CITY-ST-ZIP TAMPA, FL 33629

TITLE TD
NAME TYSZKO, JOSPEH
STREET ADDRESS 2910 W BAY TO BAY BLVD., STE. 2000
CITY-ST-ZIP TAMPA, FL 33629

TITLE SD
NAME JENKINS, DONNA
STREET ADDRESS 2910 W BAY TO BAY BLVD., STE. 2000
CITY-ST-ZIP TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/2008 939-278-3742