

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000702

FILED
Jan 07, 2009
Secretary of State

Entity Name: SHELDON/WATERS COMPLEX ASSOCIATION, INC.

Current Principal Place of Business:

8713 CREST LANE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

8713 CREST LANE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-1060657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KENNDY, DAVID A
Address: 2910 W BAY TO BAY BLVD., STE. 2000
City-St-Zip: FORT MYERS, FL 33907

Title: VD (X) Delete
Name: WHITING, PAUL
Address: 2910 W BAY TO BAY BLVD., STE. 2000
City-St-Zip: TAMPA, FL 33629

Title: TD (X) Delete
Name: TYSZKO, JOSPEH
Address: 2910 W BAY TO BAY BLVD., STE. 2000
City-St-Zip: TAMPA, FL 33629

Title: SD (X) Delete
Name: JENKINS, DONNA
Address: 2910 W BAY TO BAY BLVD., STE. 2000
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATRAI, JOZSEF
Address: 8339 STRONE RUN COURT
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOZSEF MATRAI

P

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date