## N0300000702

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 2, 2022

SHELDON/WATERS COMPLEX ASSOCIATION, INC. 12253 NEW BRITTANY RD FORT MYERS, FL 33907

SUBJECT: SHELDON/WATERS COMPLEX ASSOCIATION, INC.

Ref. Number: N03000000702

Our records indicate the registered agent for the above named corporation resigned on June 13, 2022 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). Each one of these filings must be submitted with the appropriate filing fee.

If you should need any further information, please contact our office at (850) 245-6050.

Stacy Prather
Regulatory Specialist III
Division of Corporations

Letter number: 022A00019705

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Sheldon/ waters Complex ASSOCIATION INC.
DOCUMENT NUMBER: 1 0 3 000000 702
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:
Bonita Popescu  Name of Contact Person  FHD Property Management LLC  Firm/Company  12557 New Brittany BIVD, Suite 3  Address  FONT Meas, FL 33907  City/State and Zip Code  Bonnie & FHD Property Management. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonita Popesus at ( <u>339</u> ) 431 - 6356  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 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

## 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 Statute statement of change is submitted for a corporation organized under the laws of the State of m order to change its registered office or registered agent, or both, in the State of Florida		-
1. The name of the corporation: <u>Sheldon   Waters Complex Qsso</u> 2. The principal office address:	CIATION	Y, INC —
3. The mailing address (if different):		
3. The mailing address (if different):	0000	102
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)    PAWA WO PANALY   \$713. CREST LAND   FOOT MYLLS, FL 33907  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Bonita Poplous   Poplous Polon Not acceptable   FOOT MYLLS, FL 33907	ALC GAUSTE TECHNIC	2022 NOV 28 PH 3: 52
The street address of its registered office and the street address of the business office of its registered will be identical.	stered age	nt,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so	
Signature of an officer or director 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 of my duties, and I am familiar with and accept the obligation of my position as registered agen document is being filed merely to reflect a change in the registered office address, I hereby concorporation has been notified in writing of this change.  [10]31]2022	nt. Or. 11 ti	his
Signature of Registered Agent Date		
If signing on behalf of an entity:  Bonita Past Sew- Typed or Frinted Name		

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

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