

N11937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

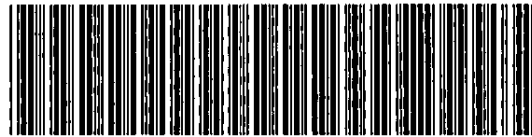
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Golfside Village Condominium of Lehigh Acres
Name of Corporation

DOCUMENT NUMBER: N11937

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:

Connie Wattenmaker

Name of Contact Person

C& D Professional Management Inc

Firm/Company

2025 Golfside Village Dr

Address

Lehigh Acres, FL 33936

City/State and Zip Code

conniewattenmaker@yahoo.com

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

For further information concerning this matter, please call:

Connie wattenmaker

Name of Contact Person

at (239) 634-1452

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Golfside Village Condominium of Lehigh Acres
2. The principal office address: 2025 Golfside Village Dr Lehigh Acres FL 33936

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/01/1985 Document number: N11937

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)

Robert Dunsworth (Resigned)

2149 Golfside Village Dr

Lehigh Acres FL 33936

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

Deborah Driver

2031 Golfside Village Dr

P.O. Box NOT acceptable

Lehigh Acres FL 33936

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

Connie Wattermaker Property Manager
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

05/01/2017

Date

If signing on behalf of an entity:

Connie Wattenmaker

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