

N94 000001592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

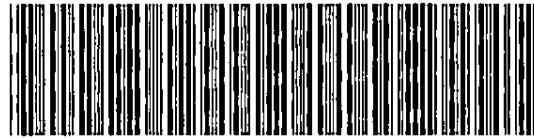
(Business Entity Name)

(Document Number)

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09/23/20--01003--005 **10.00

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09/23/20--01003--005 **10.00

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SEP 23 2020

2020 SEP 21 PM 3:32

R/A. CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 SEP 14 PM 4:17

September 8, 2020

PETER CARROLL
ADG4 OF NAPLES, LLC
975 6TH AVENUE S. STE. 101
NAPLES, FL 34102

SUBJECT: MAPLEWOOD HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N94000001592

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s). There is an additional filing fee of \$10.00 still due.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00017081

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maplewood Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NG4000001592

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:

Peter Currell
Name of Contact Person

ADCI4 of Naples, LLC
Firm/Company

975 6th AVE South, Ste. 101
Address

Naples FL 34102
City/State and Zip Code

E-mail address: (to be used for future annual report notification)
Peter.Currell@ADCI4.com

For further information concerning this matter, please call:

Peter Currell at (239) 330-7533
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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: Middlewood Homeowners' Association, Inc.
2. The principal office address: 975 1st Ave. South, Ste. 101
Naples, FL 34102
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/30/1994 Document number: NG4000001592
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)
Cambridge Management of SWFL
2335 Tamiami Trail North, Ste. 402
Naples, FL 34103

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

ADGA Living
975 1st Ave. South, Ste. 101
Naples, FL 34102

P.O. Box NOT acceptable

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]
Signature of an officer or director

Peter Carroll, Principal
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]
Signature of Registered Agent

9/17/2020
Date

If signing on behalf of an entity:

Peter Carroll
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)

2020 SEP 21 PM 3:32