

N98 00005659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2017

LESLIE JOHNSON  
SUNSET MARINA DOCKOMINIUM OF KEY WEST A  
5555 COLLEGE ROAD  
KEY WEST, FL 33040

SUBJECT: SUNSET MARINA DOCKOMINIUM OF KEY WEST ASSOCIATION,  
INC.  
Ref. Number: N98000005659

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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: 717A00024672

RECEIVED  
17 DEC 22 PM 12:27  
DIVISION OF CORPORATIONS  
FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sunset Marina Dockominium of Key W  
Name of Corporation

**DOCUMENT NUMBER:** N98000005659

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:

Leslie Johnson

Name of Contact Person

Sunset Marina Dockominium of Ke

Firm/Company

5555 College Road

Address

Key West, FL 33040

City/State and Zip Code

lesliejohnson007@yahoo.com ✓

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

For further information concerning this matter, please call:

Leslie Johnson

Name of Contact Person

at ( 305 ) 780-7189

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: Sunset Marina Dockominium of Key West Association, Inc  
2. The principal office address: 5555 College Road Key West, FL 33040

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/2/1998 Document number: N98000005659

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)

Terminated .. Michelle Wilson

5555 College Road  
Key West, FL 33040

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

Leslie Johnson

5555 College Road

P.O. Box NOT acceptable

Key West, FL 33040

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TALLAHASSEE, FLORIDA

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

Steven P. Lamp  
\_\_\_\_\_  
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

11-28-17  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Leslie Johnson  
\_\_\_\_\_  
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 (03/12)