

NG9000001396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

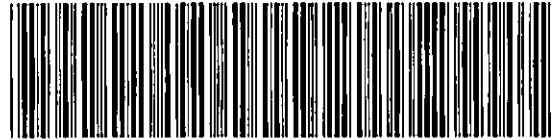
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

8/22

Office Use Only



100393040751

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2022 AUG 22 PM 5:14

FILED

08/24/22--01004--001

AUG 24 2022

S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2022

AUG 22 2022

BELLE HIGHLANDS OWNERS ASSOCIATION, INC.
P.O. BOX 5050
DESTIN, FL 32540

SUBJECT: BELLE HIGHLANDS OWNERS ASSOCIATION, INC.
Ref. Number: N99000001396

Our records indicate the registered agent for the above named corporation resigned on March 31, 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: 422A00013876

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BELLE HIGHLANDS OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N99000001396

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:

SYLVIA VICKERS
Name of Contact Person

VICKERS REALTY
Firm/Company

318 STAHLMAN AVE.
Address

DESTON, FL 32541
City/State and Zip Code

E-mail address: (to be used for future annual report notification) WVICKERS1943@OUTLOOK.COM

For further information concerning this matter, please call:

SYLVIA VICKERS at (850) 585-1266
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BELLE HIGHLANDS OWNERS ASSOCIATION, INC.
2. The principal office address: 318 STAHLMAN AVE, DESTIN, FL 32541
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/1999 Document number: N9900001396
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)

KERRY ANNE SCHULTZ

RESIGNED MARCH 31, 2022 (SEE ATTACHED)

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

SYLVIA VICKERS

318 STAHLMAN AVE.

P.O. Box NOT acceptable

DESTIN, FL 32541

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.

William D. Vickers
Signature of an officer or director

William D. Vickers, President
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.

Sylvia Vickers
Signature of Registered Agent

3-14-2022
Date

If signing on behalf of an entity:

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 22 PM 5:14

FILED