

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200081247192

10/30/06--01056--007 **35.00

O6 OCT 30 AM IQ: OC SECRETARY OF STATE TALLAHASSEE ELOSIO

PS 11/1/050

COVER LETTER



SUBJECT: Villas of Ocean Dunes Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: 766568
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:
EUZABETH BONAN (Name of Contact Person)
ROSS EARLE & BONAN P.A. (Firm/Company)
759 5. FEDERAL HWY, SUITE 212 (Address)
STUART, FL 34994 (City/State and Zip Code)
For further information concerning this matter, please call:
EUZABETH BONAN at (772) 287-1745 (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

state vent of cha	rovisions of sections 607.0502, 617.0502, 607.1506, or 617.1506, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Villas of Ocean Dunes Association, Inc.
2. The principal	office address: 1305 Ocean Dunes Circle
Jupiter, Fl	. 33477
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification; 01/17/83 Document number: 766568
	Becker & Poliakoff, Weber, Sharon, A., Esq 500 Australian Avenue So., Suite 900 West Palm Beach, FL 33401-5012 I street address of the new registered agent (if changed) and /or registered office
-	Becker & Poliakoff, Weber, Sharon, A., Esq
	500 Australian Avenue So., Suite 900
	West Palm Beach, FL 33401-5012
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Elizabeth P. Bonan, Esquire
	759 S. Federal Highway, Suite 212
	(P.O. Box NOT acceptable) Stuart, FL 34994
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such-change wa	as authorized by resolution duly adopted by its board of directors or by an officer so to board, or the corporation has been notified in writing of the change.
Signific	re of an officer or director) Michael Lukano President (Printed or typed name and title)
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
- In (Si)	gnature of Registered Agent) Date Content Content
If signing on be	half of an entity:
EUZABETH	Typed or Printed 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 * * *