

754841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

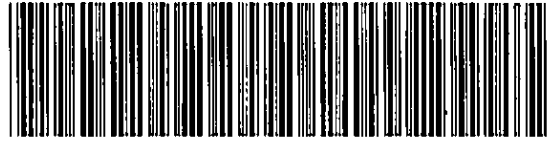
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUL -5 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 06 2018.

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2018

DON EDICK
112 GULF BLVD UNIT C
INDIAN ROCKS BEACH, FL 33785

SUBJECT: ~~DUNES POINTE CONDOMINIUM ASSOCIATION, INC.~~
Ref. Number: 754841

We have received your document for DUNES POINTE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the correct name of your entity is as it appears on the enclosed computer printout. If you wish to amend your name, please see the enclosed information for fees and instructions. Otherwise, the name must be corrected throughout your document.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 618A00012621

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

RECEIVED
18 JUL - 5 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dune's Pointe Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 754841

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:

Don Edick

Name of Contact Person

Firm/Company

112 Gulf Blvd. Unit C

Address

Indian Rocks Beach, FL. 33785

City/State and Zip Code

edickfamily@gmail.com

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

For further information concerning this matter, please call:

Don Edick

Name of Contact Person

970 396-0156

at ()
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: Dune's Pointe Condominium Association, Inc.
2. The principal office address: 112 Gulf Blvd., Indian Rocks Beach, FL. 33785

3. The mailing address (if different): 112 Gulf Blvd. Unit C, Indian Rocks Beach, FL. 33785

4. Date of incorporation/qualification: 10/27/1980 Document number: 754841

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)

Janice Sakall

112 Gulf Blvd. Unit B

Indian Rocks Beach, FL. 33785

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

Don Edick

112 Gulf Blvd. Unit C

P.O. Box NOT acceptable

Indian Rocks Beach, FL. 33785

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

7-2-18
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

7-2-18
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
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TALLAHASSEE, FLORIDA