766463

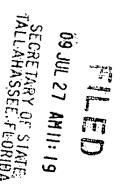
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status*******
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R.A. Charge C.COULLIETTE JUL 2.82009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Ocean Lunes Condominium of Hutchinson Island (Name of Corporation)
DOCUMENT NUMBER: 751336
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jane Cornett Esq. (Name of Person)
Cornett Googe + Associates, P.A. (Name of Film/Company)
401 St Osceola St. (Address)
Stuart FL 34994 (City/State and Zip Code)
For further information concerning this matter, please call:
Jane Cornett, Esq at (772) 286-2990 (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2009

JANE CORNETT, ESQ 401 SE OSCEOLA ST STUART, FL 34994

SUBJECT: OCEAN DUNES CONDOMINIUM OF HUTCHINSON ISLAND

Ref. Number: W09000033136

We have received your document for OCEAN DUNES CONDOMINIUM OF HUTCHINSON ISLAND. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records show no entity by this name.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 109A00024853

SECRETARY OF STATE RALLAHASSEE, FLORIDA

· · · 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 Lore O 4
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: OCEAN LUNES OF HUTCHINSON ISland Condominion 2. The principal office address: 10980 South OCEAN BRIVE ASSOCIATION IS
JENSEN BEACH, FL. 34987 3. The mailing address (if different):
4. Date of incorporation/qualification: 3 3 1980 Document number: 7/66463
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) HARVEY 189 1 S.W. GLANT NENUE
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): Jane Carnett, Esq. 401 S. F. AST OSCEOLA STREET (P.O. Box NOT acceptable) STUART FLORIDA 34994
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
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. SEREDE O' CONNOR - V. PRES. (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) (Date)
If signing on behalf of an entity: The Conet FSG (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