

N01000000507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

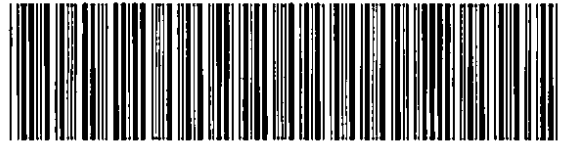
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900322839899

03/25/19--01025--006 **35.00

FILED
2019 MAR -7 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

Ractt
3/13/19
PC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

THE DUNES OF NAPLES PROPERTY OWNERS ASSOCIATION, INC.
840 111th Avenue North, Suite 10
Naples, FL 34110

SUBJECT: THE DUNES OF NAPLES PROPERTY OWNERS ASSOCIATION,
INC.
Ref. Number: N01000000507

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please send our office the document being filed.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 819A00003665

RECEIVED

2019 MAR -7 AM 11:47

3100
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

2-4-19
63530

SUBJECT: **Change of Registered Agent**

Name of Corporation

DOCUMENT NUMBER: **N01000000507**

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:

Harris, William A

Name of Contact Person

Dunes of Naples Property Owners

Firm/Company

310 Dunes Blvd

Address

Naples, FL 34110

City/State and Zip Code

sitemanagement@dunesofnaples.c

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

For further information concerning this matter, please call:

Harris, William A

Name of Contact Person

at (**239**) **593-8060**

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: The Dunes of Naples Property Owners Association, Inc.
2. The principal office address: 310 Dunes Blvd
Naples, Florida 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/23/2001 Document number: N01000000507
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)

Hart, Isabelle

840 111th Street North, Suite 10

Naples, Florida 34108

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

Harris, William A

840 111th Street North, Suite 10

P.O. Box NOT acceptable

Naples, Florida 34108

SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR - 7 AM 11:36

FILED

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.

Michael A. DiPierro
Signature of an officer or director

MICHAEL A. DIPIERRO DOA
Printed or typed name and title
PRESIDENT

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.

William A. Harris
Signature of Registered Agent

1-30-19
Date

If signing on behalf of an entity:

William A. Harris
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)