

NO1000000514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

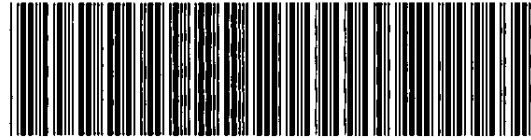
(Document Number)

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TALLAHASSEE, FLORIDA

B.A.

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Dunes of Naples I Condominium Association Inc  
Name of Corporation

DOCUMENT NUMBER: NO1000000514

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:

Michael Yelton  
Name of Contact Person

Benson's KT  
Firm/Company

3050 Horseshoe Dr #275  
Address

Naples FL 34104  
City/State and Zip Code

cdvorak  
dcostin@bensonsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Yelton at (239) 263-1577  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2010

MICHAEL YELTON  
BENSON'S KT  
3050 HORSESHOE DR #275  
NAPLES, FL 34104

SUBJECT: THE DUNES OF NAPLES I CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N01000000514

We have received your document for THE DUNES OF NAPLES I 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number of the corporation is N01000000514.

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 810A00025648

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 \_\_\_\_\_ 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 I Condominium Association, Inc.
2. The principal office address: Benson's KT - c/o ASSOCIA - 5401 N. Central Expressway Suite 300 - Dallas, TX 75205
3. The mailing address (if different): Benson's KT - 3050 Horseshoe Drive North, Suite 275, Naples, FL 34104
4. Date of incorporation/qualification: 01/23/2001 Document number: N01000000514
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)

Vandall, Bonita, D. (resigned)  
3050 N. Horseshoe Dr #275  
Naples, FL 34104 US

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

Benson's KT  
3050 Horseshoe Dr N #275  
Naples FL 34104

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
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.

Michael Yelton  
Signature of Registered Agent

11-8-10  
Date

If signing on behalf of an entity:

Michael Yelton  
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 (8/05)