


FILED
Apr 28, 2008 8:00 am
Secretary of State

DOCUMENT # N01000000518 1. Entity Name THE DUNES OF NAPLES II CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business	Mailing Address
315 DUNES BLVD	3050 N HORSESHOE DR #275
NAPLES, FL 34110 US	NAPLES, FL 34104 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03112008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3696083	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	
Name of Agent Address City State Zip	Name of Agent Address City State Zip

KRAMER-TRIAD MANAGEMENT GROUP
3050 N HORSESHOE DR #275
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10.	OFFICERS AND DIRECTORS
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TITLE	P	<input type="checkbox"/> Delete
NAME	COIN, TASSO	
STREET ADDRESS	315 DUNES BLVD., #202	
CITY- ST- ZIP	NAPLES, FL 34110	

TITLE	VP	<input type="checkbox"/> Delete
NAME	POLLACK, JORDAN	
STREET ADDRESS	315 DUNES BLVD., #303	
CITY - ST - ZIP	NAPLES, FL 34110	

TITLE	S	<input type="checkbox"/> Delete
NAME	STARR, WAYNE	
STREET ADDRESS	315 DUNES BLVD #705	
CITY-ST-ZIP	NAPLES, FL 34110	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRISCH, FRED	
STREET ADDRESS	315 DUNES BLVD., #706	
CITY-ST-ZIP	NAPLES, FL 34110	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Robert M. Mason, Agent 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #