

NO1000000518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

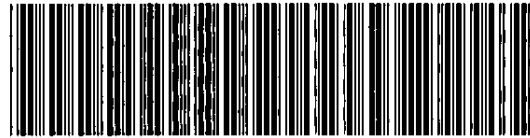
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A.

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COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: NO1 000000518

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

advorak
@costin@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 II CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N01000000518

We have received your document for THE DUNES OF NAPLES II 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 for the corporation is N01000000518.

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: 310A00025647

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 II 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: NO10000000518
5. The name and street address of the current registered agent and registered office in 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)