## N29720

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, things is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	is 
	ne corporation: Island Dunes Oceanside Property Owners' Association, Inc.	
	office address: 8800 S. Ocean Drive, Jensen Beach, FL 34957	<del></del>
3. The mailing ac	ddress (if different):	
4. Date of incorp	oration/qualification: 12/14/1988 Document number: N29720	
	street address of the current registered agent and registered office on file with the iment of State: (If resigned, enter resigned)	
	Cornett, Jane	•
	759 SW Federal Highway, Suite 213	
	Stuart, FL 34994	}
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	P
	Deborah L. Ross, Esquire/Ross Earle Bonan & Ensor, P.A.	2
	789 SW Federal Hwy, Suite 101	
	P.O. Box NOT acceptable Stuart, FL 34994	
The street addre	ss of its registered office and the street address of the business office of its registere be identical.	d agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
- Homes Signatur	col an officer or director Thomas Shumake,	Vice Presiden
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete perf d I am familiar with and accept the obligation of my position as registered agent. C ny filed merely to reflect a change in the registered office address, I hereby confirm been notified in writing of this change.	ormance )r, if this that the
Sign	nature of Registered Agent Date	<del></del>
If signing on be	half of an entity:	
Melypa	ch L. Ross	
T	yped 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 (04/13)