W31871

(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Busiless Entry Hame)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500209499595

07/05/11--01035--009 **35.00

to Chy



1 2-7-11

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Island Dunes Oceanside II Condominium Association. Name of Corporation N31871 **DOCUMENT NUMBER:** 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: Deborah Ross, Esq. Name of Contact Person Ross Earle & Bonan, P.A. Firm/Company 789 S Federal Highway, Suite 101 Stuart, FL 34994 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Ross Name of Contact Person 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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Florid I under the laws of the State I agent, or both, in the State (of Florida	
1. The name of t	the corporation: Island	Dunes Ocea	nside II Condominiu	ım Association, Inc.	
	office address: 8800 Seach, FL 34957	Ocean Drive			
3. The mailing a	ddress (if different): Sar	ne as above			
4. Date of incorp	ooration/qualification:	04/21/1989	Document number:	N31871	
	d street address of the cur tment of State: (If resign		t and registered office on file		
	Ross Earle & Bonan, P.A.				
	759 S Federal Highway, Suite 212				
	Stuart, FL 34994			_ 5,6	
Ross Earle & Bonan, P.A. 759 S Federal Highway, Suite 212 Stuart, FL 34994 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Ross Earle & Bona	ın, P.A.			
	789 S Federal Highway, Suite 101				
	P.O. Box NOT acceptable				
77t	Stuart, FL 34994				
as changed will	ess of its registered office be identical.	e and the street add	dress of the business office of	of its registered agent,	
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.					
	action of the clor		Or. Marian Ream		
I hereby accept I further agree of my duties, an document is bei corporation hav	the appointment as reg to comply with the provi id I am familiar with and ing filed merely to reflect t been notified in writing	istered agent and a isions of all statutes d accept the obliga t a change in the re g of this change.	gree to act in this capacity, s relative to the proper and tion of my position as regist egistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the	
Sig	Majure of Registered Agent		7/1/1 Date		
If signing on be	chalf of an entity:				
DEBORA	H ROSS ESQ.				

* * * FILING FEE: \$35.00 * * *