

N98 0000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP.

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500288269105

07/28/16--01023--004 **35.00

FILED

2016 AUG 24 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/8/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ventana Dunes Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000000403

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:

KARIN A. RUSEWICZ

Name of Contact Person

VENTANA DUNES PROPERTY OWNERS ASSOC. INC
Firm/Company

165 VENTANA BLVD

Address

SANTA ROSA BEACH FL. 32459
City/State and Zip Code

Rusewicz@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin A. Rusewicz
Name of Contact Person

at (850) 267-2489
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

August 5, 2016

KARIN USEWICZ
165 VENTURA BLVD.
SANTA ROSA, FL 32459

SUBJECT: VENTANA DUNES PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N98000000403

We have received your document for VENTANA DUNES PROPERTY OWNERS 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 016A00016547

**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 Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ventana Dunes Property Owners Association, Inc.
2. The principal office address: P.O. Box 2033 / 2441 US Highway 98 W, Suite 108
Santa Rosa Beach, FL 32459 / Santa Rosa Beach, FL 32459
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/23/1998 Document number: N98000000403

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)

Don J. Schofield (RESIGNED 21 JULY 2016)
153 Ventana Boulevard
Santa Rosa Beach, FL 32459

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

KARIN A. ZUSEWICZ
165 VENTANA BLVD.
P.O. Box NOT acceptable
SANTA ROSA BEACH, FL. 32459

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.

Karin A. Zusewicz
Signature of an officer or director

KARIN A. ZUSEWICZ
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.

Karin A. Zusewicz
Signature of Registered Agent

7/22/2016
Date

If signing on behalf of an entity:

KARIN A. ZUSEWICZ
Typed or Printed Name

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

FILED
2016 AUG 28 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA