

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAY -1 PH 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721125 (3)
1. Corporation Name
THE DUNES TOWERS ASSOCIATION, INC.

Principal Place of Business: 5480 N OCEAN DR RIVIERA BEACH FL 33404
Mailing Address: 5480 N OCEAN DR RIVIERA BEACH FL 33404

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1971
3a. Date of Last Report: 05/24/1994

4. FEI Number: 59-1396452
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
STINE, HAROLD
54780 NORTH OCEAN DR
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable): 000001490860
B3 -05/17/95--01054--020
B4 City: ****130.00 ****130.00 FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE: S
NAME: BOESKY, SYLVIA
STREET ADDRESS: 5480 N. OCEAN DR.
CITY-ST-ZIP: RIVIERA BEACH FL

TITLE: V
NAME: KUNTZ, MARTIN
STREET ADDRESS: 5480 N. OCEAN DR.
CITY-ST-ZIP: RIVIERA BEACH FL

TITLE: P
NAME: STINE, HAROLD
STREET ADDRESS: 5480 N. OCEAN DR.
CITY-ST-ZIP: RIVIERA BEACH FL

TITLE: TD
NAME: OCHS, JAMES
STREET ADDRESS: 5480 N. OCEAN DR.
CITY-ST-ZIP: RIVIERA BEACH FL

TITLE: ~~DPRA~~
NAME: ~~TT-MILLIE~~
STREET ADDRESS: ~~5400 N. OCEAN DR.~~
CITY-ST-ZIP: ~~RIVIERA BEACH FL~~

TITLE: D
NAME: GRAHAM, DONALD
STREET ADDRESS: 5480 N. OCEAN DR.
CITY-ST-ZIP: RIVIERA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: 552-D
1.2 NAME: Sylvia Boesky
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:

2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE: V. President-D
3.2 NAME: H. Stine
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:

4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE:
5.2 NAME: omit
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

6.1 TITLE: President-D
6.2 NAME: Donald T. Graham
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald T. Graham DONALD T. GRAHAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)