

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified: 06/10/1971  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
2a. Mailing Address: 26

Suite, Apt. #, etc.: 22  
27

City & State: 23  
28

Zip: 24  
Country: 25  
29  
30

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STINE, HAROLD  
54780 NORTH OCEAN DR  
RIVIERA BEACH FL 33404

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: FL  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BOESKY, SYLVIA                                | 1.2 NAME  | RUTH JAHODA  |
| STREET ADDRESS             | 5480 N. OCEAN DR.                             | 1.3 STREET ADDRESS                                    | 5480 N. OCEAN DR B-3A  |
| CITY-ST-ZIP                | RIVIERA BEACH FL                              | 1.4 CITY-ST-ZIP                                       | RIVIERA BEACH, FL 33404  |
| TITLE                      | V <input type="checkbox"/> DELETE             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | KUNTZ, MARTIN                                 | 2.2 NAME  |  |
| STREET ADDRESS             | 5480 N. OCEAN DR.                             | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RIVIERA BEACH FL                              | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VPD <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | STINE, HAROLD                                 | 3.2 NAME  |  |
| STREET ADDRESS             | 5480 N. OCEAN DR.                             | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RIVIERA BEACH FL                              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | OCHS, JAMES                                   | 4.2 NAME  |  |
| STREET ADDRESS             | 5480 N. OCEAN DR.                             | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RIVIERA BEACH FL                              | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | GRAHAM, DOANLD                                | 5.2 NAME  |  |
| STREET ADDRESS             | 5480 N. OCEAN DR.                             | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RIVIERA BEACH FL                              | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 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 119.07(3)(k), 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 Graham* Date: 4.12.96 407-848-8740  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)