

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721125 (3)**

1. Corporation Name  
**THE DUNES TOWERS ASSOCIATION, INC.**



Principal Place of Business <b>5480 N OCEAN DR                  RIVIERA BEACH FL 33404</b>	Mailing Address <b>5480 N OCEAN DR                  RIVIERA BEACH FL 33404-2549</b>
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3. Date Incorporated or Qualified <b>06/10/1971</b>	3a. Date of Last Report <b>04/18/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FLE Number <b>59-1396452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>RUTH JAHODA</b>
STREET ADDRESS	<b>5480 N OCEAN DRIVE, #B-3A</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>KUNTZ, MARTIN</b>
STREET ADDRESS	<b>5480 N. OCEAN DR.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>STINE, HAROLD</b>
STREET ADDRESS	<b>5480 N. OCEAN DR.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>OCHS, JAMES</b>
STREET ADDRESS	<b>5480 N. OCEAN DR.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GRAHAM, DOANLD</b>
STREET ADDRESS	<b>5480 N. OCEAN DR.</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* 1-777-96 407-948-8700

CR2E037 (9/96)