

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified <b>06/10/1971</b>	
4. FEI Number <b>59-1396452</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5480 N. Ocean Dr. (corrected address)</b>	
<b>83</b>	
<b>84</b> City <b>FL</b>	<b>85</b> 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.

Harold Stine, Director      9/17/98

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

12. OFFICERS AND DIRECTORS	
TITLE <b>S</b>	<input checked="" 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 checked="" 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 <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Millie Pritt</b>	
1.3 STREET ADDRESS <b>5480 N. Ocean Dr.</b>	
1.4 CITY-ST-ZIP <b>Riviera Beach, FL 33404</b>	
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 <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Seymour Engel</b>	
4.3 STREET ADDRESS <b>5480 N. Ocean Dr.</b>	
4.4 CITY-ST-ZIP <b>Riviera Beach, FL 33404</b>	
5.1 TITLE <b>Donald Graham (Corrected spelling)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>Adolph Scileppi</b>	
6.3 STREET ADDRESS <b>5480 N. Ocean Dr.</b>	
6.4 CITY-ST-ZIP <b>Riviera Beach, FL 33404</b>	

14. I 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: *Adolph Scileppi* Adolph Scileppi 9/17/98 561-848-1868

CP2E037 (10/97)