


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90058 009 \*\*\*\*61.25

0041030

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 721125**  
 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 33414
--	--



21 Principal Place of Business	2a Mailing Address	3 Date Incorporated or Qualified 06/10/1971
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4 FEI Number 59-1396452
23 City & State	28 City & State	5 Certificate of Status Desired <input type="checkbox"/>
24 Zip Country	29 Zip Country	6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

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		(ADDRESS CORRECTION)	
81 Name	Harold Stine		
82 Street Address (P.O. Box: Number is Not Acceptable)	5480 N. Ocean Dr.		
83			
84 City	Riviera Beach	85 Zip Code	FL 33404

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, MILLIE	1.2 NAME	
STREET ADDRESS	5480 N OCEAN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	Charles S. Klanian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGEL, SEYMOUR	4.2 NAME	5480 N. Ocean Dr.
STREET ADDRESS	5480 N OCEAN DR	4.3 STREET ADDRESS	Riviera Beach, FL 33404
CITY-ST-ZIP	RIVIERA BEACH FL 33404	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DONALD	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	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCILEPPI, ADOLPH	6.2 NAME	
STREET ADDRESS	5480 N OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Donald S. Klanian PRESIDENT 4/15/99 561-848-8740  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)