

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721125

1. Entity Name

THE DUNES TOWERS ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90091 039 ****61.25

Principal Place of Business

5480 N OCEAN DR
 RIVIERA BEACH FL 33404

Mailing Address

5480 N OCEAN DR
 RIVIERA BEACH FLA 33404-2549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1396452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STINE, HAROLD
5480 N OCEAN DR
RIVIERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRATT, MILLIE	
STREET ADDRESS	5480 N OCEAN DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUNTZ, MARTIN	
STREET ADDRESS	5480 N. OCEAN DR.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STINE, HAROLD	
STREET ADDRESS	5480 N. OCEAN DR.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLANIAN, CHARLES S	
STREET ADDRESS	5480 N OCEAN DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAHAM, DONALD	
STREET ADDRESS	5480 N. OCEAN DR.	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCILEPPI, ADOLPH	
STREET ADDRESS	5480 N OCEAN DR	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSBURY, BRUCE	
STREET ADDRESS	5480 N. Ocean Dr.	
CITY-ST-ZIP	Riviera Beach FL 33404	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald T. Graham*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00 561-848-8740
 Date Daytime Phone #

CR2E037 (9/99)