


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # 721125 1. Entity Name THE DUNES TOWERS ASSOCIATION, INC.	
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Principal Place of Business 5480 N OCEAN DR B-BLDG. OFFICE SINGER ISLAND, FL 33404	Mailing Address 5480 N OCEAN DR B-BLDG. OFFICE SINGER ISLAND, FL 33404
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01102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1396452	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAR, JOEL
 5480 N OCEAN DR
 B-BLDG. MGR'S OFFICE
 SINGER ISLAND, FL 33404

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008


9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEAR, JOEL 5480 N. OCEAN DR. UNIT B PHI B SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CLEARY, MARILYN 5480 N. OCEAN DR. UNIT B6 B SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, DONALD 5480 N. OCEAN DR. UNIT B3 C SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHASAN, JOSEPH 5480 N. OCEAN DR. UNIT B-4-A SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIBERG, ROBERT 5480 N. OCEAN DR. UNIT A-10-B SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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01/28/08-80012-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/08 561-848-8740
 Date Daytime Phone #