

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:06

DOCUMENT # 723784 (5)

1. Corporation Name

THE DUNES CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

662 N.E. OCEAN BLVD.
STUART FL 34996

662 N.E. OCEAN BLVD.
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1972

3a. Date of Last Report

07/12/1994

4. FEI Number

59-1517672

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAZMIER, TIMOTHY D
662 N.E. OCEAN BLVD.
STUART FL 34996

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MADEIRA, JOSEPH
STREET ADDRESS	662 N.E. OCEAN BLVD.
CITY - ST - ZIP	STUART FL 34996
TITLE	SD
NAME	DEVORE, DENNIS
STREET ADDRESS	662 N.E. OCEAN BLVD.
CITY - ST - ZIP	STUART FL 34996
TITLE	TD
NAME	BODEM, LOREN
STREET ADDRESS	662 N.E. OCEAN BLVD.
CITY - ST - ZIP	STUART FL 34996
TITLE	D
NAME	HAZENBUGH, ARTHUR
STREET ADDRESS	662 N.E. OCEAN BLVD.
CITY - ST - ZIP	STUART FL 34996
TITLE	D
NAME	KENNEY, JOSEPH
STREET ADDRESS	662 N.E. OCEAN BLVD.
CITY - ST - ZIP	STUART FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	Bodem, Loren
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	Kenney, Joe
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	Borsamian,
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	Tabler, Jo
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or liquidator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

LOREN BODEM, JR.

2-8-95 (402) 786-4265