

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 723784**

1. Entity Name

**THE DUNES CLUB ASSOCIATION, INC.****FILED****May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90026 049 \*\*\*\*61.25

Principal Place of Business

662 N.E. OCEAN BLVD.  
STUART FL 34996

Mailing Address

662 N.E. OCEAN BLVD.  
STUART FL 34996

00040036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-1517672

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 PD  
NAME MADEIRA, JOSEPH ☐ Delete  
STREET ADDRESS 662 N.E. OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996TITLE S  
NAME KENNEY, JOE ☐ Delete  
STREET ADDRESS 662 N.E. OCEAN BLVD.  
CITY-ST-ZIP STUART FLTITLE D  
NAME BARSAMIAN, BOB ☐ Delete  
STREET ADDRESS 662 N.E. OCEAN BLVD.  
CITY-ST-ZIP STUART FLTITLE D  
NAME ~~TOBLER, JO~~ ☐ Delete  
STREET ADDRESS 662 N.E. OCEAN BLVD.  
CITY-ST-ZIP STUART FLTITLE D  
NAME BOXES, CARL ☐ Delete  
STREET ADDRESS 662 NE OCEAN BLVD.  
CITY-ST-ZIP STUART FL 34996TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME KAPELSON, DICK  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH  
MADEIRA 4-23-01

CR2E037 (10/00)