

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 *4-13-95 83491*

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:07

DOCUMENT # 737058 (8)
1. Corporation Name
THE DUNES CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1415 NORTH A1A
INDIALANTIC FL 32903** **1415 NORTH A1A
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified **10/18/1976** 3a. Date of Last Report **07/06/1994**
4. FEI Number **59-1708597** 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 24 Country 25 28 Zip 29 Country 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
**MURPHY, BONNIE
1415 N. A1A HWY
SUITE 105
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent
81 Name **CHRIS SWANSON**
82 Street Address (P.O. Box Number is Not Acceptable) **1415 N HWY A1A #307**
83 **INDIALANTIC, FL 32903**
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 **CHRIS SWANSON** *Chris Swanson* **4/10/95**
Signature, typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME MURPHY, BONNIE
STREET ADDRESS 1415 N A1A HWY, STE. 105
CITY-ST-ZIP INDIALANTIC FL
TITLE VD
NAME GREENE, HENRY
STREET ADDRESS 1415 N. A1A HWY, STE. 106
CITY-ST-ZIP INDIALANTIC FL
TITLE TD
NAME WILSON, GEORGE
STREET ADDRESS 1415 N. A1A HWY, STE. 505
CITY-ST-ZIP INDIALANTIC FL
TITLE S
NAME WILSON, SANDI
STREET ADDRESS 1415 N. A1A HWY, STE. 505
CITY-ST-ZIP INDIALANTIC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME **CHRIS SWANSON**
4.3 STREET ADDRESS **1415 N HWY A1A #307**
4.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**
5.1 TITLE Change Addition
5.2 NAME **GINO DI LONTI**
5.3 STREET ADDRESS **1415 N HWY A1A #201**
5.4 CITY-ST-ZIP **INDIALANTIC, FL 32903**
6.1 TITLE Change Addition
6.2 NAME **SANDI WILSON NO LONGER**
6.3 STREET ADDRESS **BOARD MEMBER**
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; that I am an officer or director of the corporation; 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.

SIGNATURE: *Christine Swanson* **1/22/95 401-951-9123**
Signature, typed or printed name of signing officer or director Date Daytime Phone #
CHRISTINE SWANSON