

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 737058 (8)

1. Corporation Name

THE DUNES CONDOMINIUM ASSOCIATION, INC.

100001765251  
-04/01/96--01108--036  
\*\*\*61.25



Principal Place of Business

Mailing Address

1415 NORTH A1A  
INDIALANTIC FL 32903

1415 NORTH A1A  
INDIALANTIC FL 32903

21 2. Principal Place of Business  
same as above

2a. Mailing Address  
26 same as above

3. Date Incorporated or Qualified  
10/18/1976

3a. Date of Last Report  
04/13/1995

4. FEI Number  
59-1708597

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip Country

29 Zip Country

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

CHRIS SWANSON  
1415 N HWY A1A 307  
INDIALANTIC, FL  
INDIALANTIC FL 32903

81 Name Gino De Conti  
82 Street Address (P.O. Box Number is Not Acceptable)  
1415 N Highway A1A  
83 Apt # 201  
84 City Indialantic FL 85 32903

19. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Gino De Conti* DATE *March 20, 1996*

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. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N A1A HWY, STE. 105	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, HENRY	
STREET ADDRESS	1415 N. A1A HWY, STE. 106	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, GEORGE	
STREET ADDRESS	1415 N. A1A HWY, STE. 505	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWANSON, CHRIS	
STREET ADDRESS	1415 N. A1A HWY, STE. 505	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICONTI, GINO	
STREET ADDRESS	1415 N HWY A1A 307	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VPD	BONNIE MURPHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1415 N A1A hwy #Apt 105	
1.3 STREET ADDRESS		Indialantic, FL. 32903	
1.4 CITY-ST-ZIP			
2.1 TITLE		DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	T	Chris Swanson	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		1415 N A1A Hwy Apt. #307	
4.3 STREET ADDRESS		Indialantic, Fl. 32903	
4.4 CITY-ST-ZIP			
5.1 TITLE	PD	De Conti, Gino	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		1415 N Hwy A1A, Apt #201	
5.3 STREET ADDRESS		Indialantic, Fl. 32903	
5.4 CITY-ST-ZIP			
6.1 TITLE	S	BONNIE MURPHY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		1415 N A1A Hwy Apt # 105	
6.3 STREET ADDRESS		Indialantic, Fl. 32903	
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 or 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: *Gino De Conti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *Feb. 8 / 96*  
DATE DAYTIME PHONE #

CR2E037 (12/95)