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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 737058 (8)

1. Corporation Name  
THE DUNES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 1415 NORTH A1A, INDIALANTIC FL 32903  
Mailing Address: 1415 NORTH A1A, INDIALANTIC FL 32903-2723

3. Date Incorporated or Qualified: 10/18/1976  
3a. Date of Last Report: 04/01/1996

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1708597	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Country			
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
~~DECONTI, GINO~~  
~~1415 N HWY A1A~~  
~~APT. #201~~  
~~INDIALANTIC FL 32903~~

10. Name and Address of New Registered Agent  
81 Name: Murphy, Bonnie  
82 Street Address (P.O. Box Number is Not Acceptable): 1415 N. A1A Hwy #105  
83 City: Indialantic, FL 32903  
84 City: FL 85 Zip Code: 32903

11. 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: *Bonnie Murphy* (NOTE: Registered Agent signature required when reinstating) DATE: 7/6/97

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VPD	<input type="checkbox"/>
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N A1A HWY, #APT. 105	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input type="checkbox"/>
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N A1A HWY, #APT. 105	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	DE CONTI, GINO	
STREET ADDRESS	1415 N A1A HWY, APT #201	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	T	<input checked="" type="checkbox"/>
NAME	SWANSON, CHRIS	
STREET ADDRESS	1415 N. A1A HWY, APT. #307	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Edwards, Paul		
3.3 STREET ADDRESS	1415 N A1A Hwy. # 207		
3.4 CITY-ST-ZIP	Indialantic, FL 32903		
4.1 TITLE	DT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Hewatt Susan		
4.3 STREET ADDRESS	1415 N. A1A Hwy. #104		
4.4 CITY-ST-ZIP	Indialantic, FL 32903		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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: *Bonnie Murphy* DATE: 7/6/97

CFR2E037 (9/96)