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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/18/1976	
4. FEI Number 59-1708597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 22	City & State 27
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MURPHY, BONNIE
1415 N A1A HWY #105
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N A1A HWY, #APT. 105	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N A1A HWY, #APT. 105	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EDWARDS, PAUL	
STREET ADDRESS	1415 N A1A HWY #207	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	HEWATT, SUSAN	
STREET ADDRESS	1415 N A1A HWY #104	
CITY-ST-ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bonnie Murphy	
1.3 STREET ADDRESS	1415 N Hwy A1A #105	
1.4 CITY-ST-ZIP	Indialantic Fl 32903	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Peter Erskine	
2.3 STREET ADDRESS	1415 N Hwy A1A #205	
2.4 CITY-ST-ZIP	Indialantic Fl 32903	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Paul Edwards	
3.3 STREET ADDRESS	1415 N A1A Hwy #207	
3.4 CITY-ST-ZIP	Indialantic Fl 32903	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Susan Hewatt	
4.3 STREET ADDRESS	1415 N Hwy A1A	
4.4 CITY-ST-ZIP	Indialantic Fl 32903	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Chris Swanson	
5.3 STREET ADDRESS	1415 N. Hwy A1A	
5.4 CITY-ST-ZIP	Indialantic Fl 32903	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Chris Swanson 3/27/98 407-757-9609

CR2E037 (10/97)