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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737058

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/18/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1708597	Applied For
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURPHY, BONNIE 1415 N A1A HWY #105 INDIALANTIC FL 32903				81 Name	Tommy Hewatt		
				82 Street Address (P.O. Box Number is Not Acceptable)	1415 N Hwy A1A #104		
				83			
				84 City	Indialantic	85 State	FL
						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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MURPHY, BONNIE	1.2 NAME	Di Conti, Mary
STREET ADDRESS	1415 N A1A HWY, #APT. 105	1.3 STREET ADDRESS	1415 n. Hwy A1A #201
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	Indialantic Fl 32903
TITLE	VD	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	ERSKINE, PETER	2.2 NAME	PO
STREET ADDRESS	1415 N HWY A1A #205	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	EDWARDS, PAUL	3.2 NAME	Hewatt, Tommy
STREET ADDRESS	1415 N A1A HWY #207	3.3 STREET ADDRESS	1415 N. Hwy A1A #104
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	Indialantic Fl 32903
TITLE	DT	4.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	HEWATT, SUSAN	4.2 NAME	Sones, Marguarite
STREET ADDRESS	1415 N A1A HWY #104	4.3 STREET ADDRESS	1415 N. Hwy A1A #202
CITY-ST-ZIP	INDIALANTIC FL 32903	4.4 CITY-ST-ZIP	Indialantic Fl 32903
TITLE	D	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	SWANSON, CHRIS	5.2 NAME	SO
STREET ADDRESS	1415 N HWY A1A	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANATLANTIC FL 32903	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 2/26/99 724-8947
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)