

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-10-2000 90141 007 ****61.25

DOCUMENT # 737058

1. Entity Name

THE DUNES CONDOMINIUM ASSOCIATION, INC.

R

Principal Place of Business

Mailing Address

1415 NORTH A1A
 INDIALANTIC FL 32903

1415 NORTH A1A
 INDIALANTIC FL 32903-2723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1708597

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEWATT, TOMMY
1415 N HWY A1A
STE 104
INDIALANTIC FL 32903

Name

MARRS, Kevin G.

Street Address (P.O. Box Number is Not Acceptable)

3128 LAKE WASHINGTON RD. #170

City

MELBOURNE

FL

Zip Code
32934

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kevin G. Marrs

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/13/00

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DICONTI, MARY	
STREET ADDRESS	1415 N A1A # 201	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ERSKINE, PETER	
STREET ADDRESS	1415 N HWY A1A #205	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEWATT, TOMMY	
STREET ADDRESS	1415 N HWY A1A, #104	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MARGUERITE	
STREET ADDRESS	1415 N A1A, #202	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWANSON, CHRIS	
STREET ADDRESS	1415 N HWY A1A	
CITY-ST-ZIP	INDIANATLANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY DICONTI	
STREET ADDRESS	1415 N. A1A #201	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VICE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON CHRIS	
STREET ADDRESS	1415 N. A1A #307	
CITY-ST-ZIP	INDIALANTIC, FL	
TITLE	SECR D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER ERSKINE	
STREET ADDRESS	1415 Hwy A1A # 205	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TREAS D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARITE JONES	
STREET ADDRESS	1415 Hwy A1A # 202	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Mary De Conti - Pres.

6-13-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)