

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90123 044 ****61.25

DOCUMENT # 737058

1. Entity 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

3. Mailing Address
1617 COOLING AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MELBOURNE, FL

4. FEI Number

59-1708597

Applied For

Not Applicable

Zip

Country

Zip

Country

32935 Brevard

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

**MARRS, KEVIN G
 3128 LAKE WASHINGTON ROAD #170
 MELBOURNE FL 32934**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	HAYES, TIM	
STREET ADDRESS	2225 N HWY A1A #708	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ERSKINE, PETER	
STREET ADDRESS	1415 N HWY A1A #205	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, MARGUERITE	
STREET ADDRESS	1415 N A1A, #202	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SMART, CHERI	
STREET ADDRESS	1415 N HWY A1A	
CITY-ST-ZIP	INDIANATLANTIC FL 32903	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMART, CHERI	
STREET ADDRESS	1415 N HWY A1A #205	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERSKINE, PETER	
STREET ADDRESS	1415 N HWY A1A #205	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smart, Cheri	
STREET ADDRESS	1415 Hwy A1A # 301	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erskine, Peter	
STREET ADDRESS	1415 Hwy A1A # 205	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 charged; or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marguerite Jones

Date Daytime Phone #

4-20-02 321-676-4492

CR2E037 (9/01)