

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737058

FILED
Apr 14, 2004
Secretary of State

Entity Name: THE DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1415 NORTH A1A
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

1617 COOLING AVENUE
MELBOURNE, FL 32935

New Mailing Address:

PO BOX 372670
SATELLITE BCH, FL 32937 US

FEI Number: 59-1708597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HALL, LARRY
PO BOX 372670
SATELLITE BCH, FL 32937

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: LARRY HALL

04/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEWATT, TOM
Address: 1415 N. HWY A1A, #207
City-St-Zip: INDIALANTIC, FL 32903

Title: VPD () Delete
Name: NOEL, BRIAN
Address: 1415 N. HWY A1A, #104
City-St-Zip: INDIALANTIC, FL 32903

Title: SD () Delete
Name: CAMPBELL, SHARON
Address: 1415 N. HWY A1A, #306
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: ERSKINE, PETER
Address: 1415 N HWY A1A
City-St-Zip: INDIANATLANTIC, FL 32903

Title: TD (X) Delete
Name: ANDRUS, LUIS
Address: 2018 S. RIVER RD
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: MURPHY, BONNIE
Address: 1415 N. HWY A1A, #105
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOEL, BRIAN
Address: 1415 N. HWY A1A, #105
City-St-Zip: INDIALANTIC, FL 32903

Title: VPD (X) Change () Addition
Name: HAYES, TIMOTHY
Address: 1415 N. HWY A1A, #507
City-St-Zip: INDIALANTIC, FL 32903

Title: STD (X) Change () Addition
Name: CAMPBELL, SHARON
Address: 1415 N. HWY A1A, #306
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN NOEL

PD

04/14/2004

Electronic Signature of Signing Officer or Director

Date