## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 737058**

FILED Mar 15, 2005 Secretary of State

Entity Name: THE DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1415 NORTH A1A 1415 NORTH A1A

INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 US

Current Mailing Address: New Mailing Address:

PO BOX 372670 1144 FLORIAN WAY

SATELLITE BCH, FL 32937 US SPRING HILL, FL 34609 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, LARRY ADAMS, TOM S
PO BOX 372670 1144 FLORIAN WAY

SATELLITE BCH, FL 32937 US SPRING HILL, FL 34609 US

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: TOM ADAMS 03/15/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 NOEL, BRIAN
 Name:
 YAROSHUK, ERNIE

 Address:
 1415 N. HWY A1A, #105
 Address:
 11824 SW 108TH AVENUE

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 MIAMI, FL 33176 US

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition Name: HAYES, TIMOTHY Name: HAYES, TIMOTHY

 Address:
 1415 N. HWY A1A, #507
 Address:
 1415 N. HWY A1A, #507

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIATLANTIC, FL 32903

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 CAMPBELL, SHARON
 Name:
 ADAMS, TOM S

 Address:
 1415 N. HWY A1A, #306
 Address:
 1144 FLORIAN WAY

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 SPRING HILL, FL 34609 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: ERSKINE, PETER Name: SLAVIK, JOE

Address: 1415 N HWY A1A Address: 3729 PEACOCK DRIVE WEST

City-St-Zip: INDIANATLANTIC, FL 32903 City-St-Zip: MELBOURNE, FL 32904 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: MURPHY, BONNIE Name: MURPHY, BONNIE

 Name:
 MURPHY, BONNIE
 Name:
 MURPHY, BONNIE

 Address:
 1415 N. HWY A1A, #105
 Address:
 1415 N. HWY A1A, #105

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIATLANTIC, FL 32903 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 NORRIS, ARLENE

 Address:
 Address:
 1415 N HWY A1A #407

 City-St-Zip:
 City-St-Zip:
 INDIATLANTIC, FL 32903 US

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: TOM ADAMS STD 03/15/2005

Electronic Signature of Signing Officer or Director

Date