


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90097 046 ****61.25

DOCUMENT # 737058			
1. Entity Name THE DUNES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1415 NORTH A1A INDIALANTIC, FL 32903 US		Mailing Address 1980 N. ATLANTIC AVENUE SUITE 715 - CAPE ROYAL BUILDING COCOA BEACH, FL 32931 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1708597		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RASTELLO, R. CRAIG C.P.A. 1980 N. ATLANTIC AVENUE SUITE 715 - CAPE ROYAL BUILDING COCOA BEACH, FL 32931		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAROSHUK, ERNIE	NAME	
STREET ADDRESS	11824 SW 108TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, TIMOTHY	NAME	
STREET ADDRESS	1415 N. HWY A1A, #507	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, TOM S	NAME	
STREET ADDRESS	PO BOX 3138	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL, FL 34611	CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAMK, JOE	NAME	
STREET ADDRESS	3729 PEACOCK DRIVE WEST	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALOGH, WILLIAM	NAME	
STREET ADDRESS	1415 N. HWY A1A, #206	STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC, FL 32903	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy tanner - Sec Treasurer	NAME	Secretary
STREET ADDRESS	1415 N Hwy A1A 102	STREET ADDRESS	Bonnie Murphy
CITY-ST-ZIP	Indialantic FL 32903	CITY-ST-ZIP	1415 N Hwy A1A Indialantic FL 32903
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 4-15-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	