
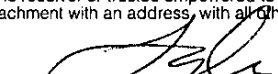


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90052 030 \*\*\*\*61.25

<b>DOCUMENT # 737058</b>					
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YAROSHUK, ERNIE		NAME	Mosca, Ken	
STREET ADDRESS	11824 SW 108TH AVENUE		STREET ADDRESS	1415 N. Hwy A1A, # 304	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, TIMOTHY		NAME	Balogh, William	
STREET ADDRESS	1415 N. HWY A1A, #507		STREET ADDRESS	1415 N. Hwy A1A, # 206	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	Indialantic, FL 32903	
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	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, KATHY		NAME		
STREET ADDRESS	1415 N. HWY A1A #102		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input 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	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, BONNIE		NAME		
STREET ADDRESS	1413 N HWY A1A		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
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: 		Tom Adams, President		4/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 352-279-8829	