2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737058

FILED Mar 31, 2009 Secretary of State

Entity Name: THE DUNES CONDOMINIUM ASSOCIATION, INC.

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

1415 NORTH A1A

INDIALANTIC, FL 32903 US

COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

1980 N. ATLANTIC AVENUE 1331 BEDFORD DRIVE #103 SUITE 715 - CAPE ROYAL BUILDING MELBOURNE, FL 32940 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:

RASTELLO, R. CRAIG C.P.A.

1980 N. ATLANTIC AVENUE

SUITE 715 - CAPE ROYAL BUILDING

COCOA BEACH, FL 32931 US

KENNEY, JAMES

1331 BEDFORD DRIVE #103

MELBOURNE, FL 32940 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: JAMES KENNEY 03/31/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MOSCA, KEN
 Name:
 TANNER, KATHY

 Address:
 1415 N HWY A1A #304
 Address:
 1331 BEDFORD DRIVE #103

 City-St-Zip:
 INDIALANTIC, FL 32903 US
 City-St-Zip:
 MELBOURNE, FL 32940 US

Name: BALOGH, WILLIAM Name: SLAVIK, JOE

 Address:
 1415 N HWY A1A #206
 Address:
 1331 BEDFORD DRIVE #103

 City-St-Zip:
 INDIALANTIC, FL 32903 US
 City-St-Zip:
 MELBOURNE,, FL 32940 US

Title: () Delete Title: (X) Change () Addition ADAMS, TOM S MANEYAPANDY, BARBARA Name: Name: Address: PO BOX 3138 Address: 1331 BEDFORD DRIVE #103 City-St-Zip: SPRING HILL, FL 34611 US City-St-Zip: MELBOURNE, FL 32940 US

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

 Name:
 BALOGH, WILLIAM
 Name:

 Address:
 1415 N. HWY A1A, #206
 Address:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES KENNEY RA 03/31/2009