


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90178 022 ****61.25

DOCUMENT # 737058

1. Entity Name
THE DUNES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1415 NORTH A1A
INDIALANTIC FL 32903**

Mailing Address
**1617 COOLING AVENUE
MELBOURNE FL 32935**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1708597**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARRS, KEVIN G
3128 LAKE WASHINGTON ROAD #170
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent
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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAYES, TIM	
STREET ADDRESS	2225 N HWY A1A #708	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMART, CHERI	
STREET ADDRESS	1415 HWY A1A #301	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JONES, MARGUERITE	
STREET ADDRESS	1415 N A1A, #202	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERSKINE, PETER	
STREET ADDRESS	1415 N HWY A1A	
CITY-ST-ZIP	INDIANATLANTIC FL 32903	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DICONTI, MARY	
STREET ADDRESS	1415 N A1A #201	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEWATT, TOM	
STREET ADDRESS	1415 N. HWY A1A #207	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOEL, BRIAN	
STREET ADDRESS	1415 N. HWY. A1A #104	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, SHARON	
STREET ADDRESS	1415 N. HWY A1A #306	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, BONNIE	
STREET ADDRESS	1415 N. HWY A1A #105	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRUS, LUIS	
STREET ADDRESS	2018 S. RIVER ROAD	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORRIS, ARLENE	
STREET ADDRESS	1415 N HWY A1A #407	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

CR2E037 (10/02)