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

Mailing Address

DOCUMENT # 737058

Principal Place of Business

THE DUNES CONDOMINIUM ASSOCIATION, INC.



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

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

1415 NORTH A1A INDIALANTIC FL 32903			1617 COOLING AVENUE MELBOURNE FL 32935								
2. Principal Place of Business			3. Mailing Address					HIL CIRIL BIRTH CARL F			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FE! Number 5	4. FEI Number 59-1708597			Applied For Not Applicable	
Zip Country			Zip	Zip Country		5. Certificate of S	Status Desired	\$9.75 ^	dditional	1	
6. Name and Address of Current Re			L Registered Agent	red Agent			7. Name and Address of New Registered Agent				
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MARRS, I 3128 LAK	STON ROAD #170			Street Address (P.O. Box Number is Not Acceptable)					1		
MELBOU	RNE FL 329	34								-	
					City		•	FL Zip Co		1	
8. The above	named entity tions of regist	submits this statement for	r the purpose of changing i	ts registere	d office or r	egistered agent, or both, in	the State of Florida.	I am familiar with	n, and accept	1	
\ ;	nons or regist									Ì	
SIGNATURE	م المند										
**	Signature, typed	or printed name of registered agent a	and title if applicable. (NC	TE: Registered	Agent signature	e required when reinstating)	D	ATE			
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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				
TITLE	ID	OFFICERS AND DIF	•	11.		ADDITIONS/CHANG	SES TO OFFICERS AN			٦	
NAME I	HAYES, TI	M	⊠ Delete	TITLE NAME			m	☐ Changé	 Addition	(10/02)	
STREET ADDRESS		WY A1A #708			T ADDRESS	HEWATT TO 1415 N. AWY	AIA #207			7 (1	
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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Melbourne Beach, FL

SIGNATURE:

INDIALANTIC FL 32903

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

NORRIS, ARLENE 1415 N HWY AIA #407 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.