

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 766568 (0)**

1. Corporation Name  
**VILLAS OF OCEAN DUNES ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1305 OCEAN DUNES CIRCLE JUPITER FL 33477**

3. Date Incorporated or Qualified **01/17/1983** 3a. Date of Last Report **03/17/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-2430064** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BECKER & POLIAKOFF  
WEBER, SHARON, A, ESQ  
500 AUSTRALIAN AVE., SO. SUITE 900  
WEST PALM BEACH FL 33401-5012**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>LAMONTE, JOSEPH</del>		1.2 NAME <b>DORRA, DON</b>	
STREET ADDRESS <del>1212 OCEAN DUNES CIRCLE</del>		1.3 STREET ADDRESS <b>612 OCEAN DUNES CIRCLE</b>	
CITY - ST - ZIP <del>JUPITER FL</del>		1.4 CITY - ST - ZIP <b>JUPITER FL 33447</b>	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>WEBER, WILLIAM</del>		2.2 NAME <b>TURANO, MICHAEL</b>	
STREET ADDRESS <del>1108 OCEAN DUNES CIRCLE</del>		2.3 STREET ADDRESS <b>812 OCEAN DUNES CIRCLE</b>	
CITY - ST - ZIP <del>JUPITER FL 33477</del>		2.4 CITY - ST - ZIP <b>JUPITER FL 33477</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUFF, JOYCE</b>		3.2 NAME	
STREET ADDRESS <b>1208 OCEAN DUNES CIRCLE</b>		3.3 STREET ADDRESS	
CITY - ST - ZIP <b>JUPITER FL 33477</b>		3.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>DORRA, DON</del>		4.2 NAME <b>ROBINSON, LOUIS</b>	
STREET ADDRESS <del>1212 OCEAN DUNES CIRCLE</del>		4.3 STREET ADDRESS <b>710 OCEAN DUNES CIRCLE</b>	
CITY - ST - ZIP <del>JUPITER FL</del>		4.4 CITY - ST - ZIP <b>JUPITER FL 33477</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PUZZO, ANTHONY</b>		5.2 NAME	
STREET ADDRESS <b>1118 OCEAN DUNES CIRCLE</b>		5.3 STREET ADDRESS	
CITY - ST - ZIP <b>JUPITER FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>TURANO, MICHAEL</del>		6.2 NAME <b>LAMONTE, JOSEPH D.</b>	
STREET ADDRESS <del>612 OCEAN DUNES CIRCLE</del>		6.3 STREET ADDRESS <b>1212 OCEAN DUNES CIRCLE</b>	
CITY - ST - ZIP <del>JUPITER FL</del>		6.4 CITY - ST - ZIP <b>JUPITER FL 33477</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2-5-96 407-624-2064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)

• TITLE D  
NAME GRUMET, BEVERLE D  
STREET ADDRESS 1220 OCEAN DUNES CIRCLE  
CITY-ST-ZIP JUPITER, FL 33447