

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766568 (0)
 1. Corporation Name
VILLAS OF OCEAN DUNES ASSOCIATION, INC.



Principal Place of Business 1305 OCEAN DUNES CIRCLE JUPITER FL 33477	Mailing Address 1305 OCEAN DUNES CIRCLE JUPITER FL 33477
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3. Date Incorporated or Qualified
01/17/1983

4. FEI Number 59-2430064	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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
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	PD DORRA, DON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	812 OCEAN DUNES CIRCLE	1.2 NAME	
STREET ADDRESS	JUPITER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D TURANO, MICHAEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	812 OCEAN DUNES CIR.	2.2 NAME	
STREET ADDRESS	JUPITER FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DUFF, JOYCE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1208 OCEAN DUNES CIRCLE	3.2 NAME	Amster, Daniel
STREET ADDRESS	JUPITER FL 33477	3.3 STREET ADDRESS	1526 Ocean Dunes Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	TD ROBINSON, LOUIS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	710 OCEAN DUNES CIRCLE	4.2 NAME	VPD Daniels, Geraldine
STREET ADDRESS	JUPITER FL	4.3 STREET ADDRESS	624 Ocean Dunes Circle
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	D PUZZO, ANTHONY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1118 OCEAN DUNES CIRCLE	5.2 NAME	
STREET ADDRESS	JUPITER FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VPD WEBER, WILLIAM	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1105 OCEAN DUNES CIR.	6.2 NAME	
STREET ADDRESS	JUPITER FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Amster, Daniel	
1526 Ocean Dunes Circle	
Jupiter, FL 33477	
VPD Daniels, Geraldine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
624 Ocean Dunes Circle	
Jupiter, FL 33477	
TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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]* Ariel DORRA 2-24-98 561-624-2064

CF2E037 (10/97)