2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



1. Entity Nam	MENT # 766568 DF OCEAN DUNES ASSOC	IATION, INC.		04-18-2005 90339 044 ****61.25					
Principal Place of Business 1305 OCEAN DUNES CIRCLE JUPITER, FL 33477		Mailing Address 1305 OCEAN DUNES CIRCLE JUPITER, FL 33477		50038357					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132005 Chg-NP CR2E037 (10/03)					
City & State		City & State		4. FEI Number Applied For 59-2430064 Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent					
BECKER	& POLIAKOFF	a	- Name	Name					
BECKER & POLIAKOFF WEBER; SHARON, A, ESQ 500 AUSTRALIAN AVE., SO. SUITE 900			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
WESTPA	LM BEACH, FL 33401-5012		City	City Zip Code					
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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									
SIGNATURE	<u> </u>		<u> </u>						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signatur	e required when reinstating) DATE					
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Cam		\$5.00 May Po Make check payable to					
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Ca	paign Financing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Cam Trust Fund Ca	paign Financing ontribution.	\$5.00 May Be Make check payable to					
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIR P DENSEN, ALLAN 1527 OCEAN DUNES CIRCLE JUPITER, FL 33477 T	9. Election Cam Trust Fund Ca ECTORS	paign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	### P-GIMA CLAYTON 日では Addition Additi					
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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 eath; 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:	Michael Mecca	Michael	Mecca	4/8/05	(561)624-2064
	SIGNATURE AND TYPÉD OR PRINTED NAME OF SIGNI	ING OFFICER OR DIRECTOR		Date	Daytime Phone #