

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737058

**Entity Name:** THE DUNES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1415 HIGHWAY A1A NORTH  
INDIALANTIC, FL 32903

**Current Mailing Address:**

1980 N ATLANTIC AVE  
UNIT #614  
COCOA BEACH, FL 32931 US

**FEI Number:** 59-1708597

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RASTELLO, CRAIG CPA  
1980 N.ATLANTIC AVE. #614  
COCOA BEACH, FL 32931 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            YAROSHUK, ERNIE  
Address        1415 N HIGHWAY A1A  
City-State-Zip: INDIALANTIC FL 32903

Title            SECRETARY  
Name            BALOGH, WILLIAM  
Address        1415 N HIGHWAY A1A  
City-State-Zip: INDIALANTIC FL 32903

Title            DIRECTOR  
Name            JUDY, DEBORAH  
Address        1415 N HIGHWAY A1A #401  
City-State-Zip: INDIALANTIC FL 32903

Title            DIRECTOR  
Name            ADAMS, TOM  
Address        PO BOX 1563  
City-State-Zip: BROOKSVILLE FL 34605-1563

Title            DIRECTOR  
Name            BARRERA, KAREN  
Address        1415 N HIGHWAY A1A #103  
City-State-Zip: INDIALANTIC FL 32903

Title            TREASURER  
Name            NEESE, JASON  
Address        1415 N HWY A1A  
City-State-Zip: INDIALANTIC FL 32903

Title            DIRECTOR  
Name            GILLESPIE, VICTORIA  
Address        1415 N HWY A1A  
                  104  
City-State-Zip: INDIALANTIC FL 32903

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERNIE YAROSHUK

**PRESIDENT**

**04/17/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date