

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766568

**FILED**  
**Feb 22, 2017**  
**Secretary of State**  
**CC0190228264**

**Entity Name:** VILLAS OF OCEAN DUNES ASSOCIATION, INC.

**Current Principal Place of Business:**

1305 OCEAN DUNES CIRCLE  
JUPITER, FL 33477

**Current Mailing Address:**

1305 OCEAN DUNES CIRCLE  
JUPITER, FL 33477

**FEI Number: 59-2430064**

**Certificate of Status Desired: No**

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

BONAN, ELIZABETH PESQ  
789 SOUTH FED HWY  
STE 101  
STUART, FL 34994 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	P
Name	DORRA, ARIEL
Address	612 OCEAN DUNES CIR
City-State-Zip:	JUPITER FL 33477
Title	TREASURER
Name	WALSH, GINETTE
Address	902 OCEAN DUNES CIRCLE
City-State-Zip:	JUPITER FL 33477
Title	SECRETARY
Name	PAM, COKER
Address	228 OCEAN DUNES CIRCLE
City-State-Zip:	JUPITER FL 33477
Title	DIRECTOR
Name	BARTHOLOMEW, RICHARD
Address	307 OCEAN DUNES CIRCLE
City-State-Zip:	JUPITER FL 33477

Title	VP
Name	CARMAN, WALTER
Address	212 OCEAN DUNES CIR
City-State-Zip:	JUPITER FL 33477
Title	DIRECTOR
Name	WILSON, DON
Address	312 OCEAN DUNES CIRCLE
City-State-Zip:	JUPITER FL 33477
Title	ASST. SECRETARY
Name	JOYCE DUFF
Address	1208 OCEAN DUNES CIRCLE
City-State-Zip:	JUPITER FL 33477

*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: ARIEL DORRA**

**PRESIDENT**

**02/22/2017**

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

\_\_\_\_\_  
Date