

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N04000005071

**Entity Name:** THE DUNEDIN GRAND CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jul 15, 2021**  
**Secretary of State**  
**7394076922CC**

**Current Principal Place of Business:**

RESCOM MGT  
1401 MANATEE AVE W SUITE 300  
BRADENTON, FL 34205

**Current Mailing Address:**

RESCOM MGT  
1401 MANATEE AVE W SUITE 300  
BRADENTON, FL 34205 US

**FEI Number: 32-0179972**

**Certificate of Status Desired: No**

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

RICHARDSON, JEFF  
RESCOM MGT  
1401 MANATEE AVE W SUITE 300  
BRADENTON, FL 34205 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: JEFF RICHARDSON**

**07/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MAIZEL, BENJAMIN  
Address        RESCOM MGT  
                  1401 MANATEE AVE W SUITE 300  
City-State-Zip: BRADENTON FL 34205

Title            SECRETARY  
Name            MAIOCCO, LAURA  
Address        RESCOM MGT  
                  1401 MANATEE AVE W SUITE 300  
City-State-Zip: BRADENTON FL 34205

Title            TREASURER  
Name            BELAUS, LISA  
Address        RESCOM MGT  
                  1401 MANATEE AVE W SUITE 300  
City-State-Zip: BRADENTON FL 34205

Title            DIRECTOR  
Name            HAMILTON, SCOTT  
Address        RESCOM MGT  
                  1401 MANATEE AVE W SUITE 300  
City-State-Zip: BRADENTON FL 34205

Title            AT LARGE  
Name            BURKE, MYRA  
Address        RESCOM MGT  
                  1401 MANATEE AVE W SUITE 300  
City-State-Zip: BRADENTON FL 34205

*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: LISA BELAUS**

**TRESURER**

**07/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date