

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90139 021 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 743126**

1. Corporation Name  
**GULF DUNES, INC.**

Principal Place of Business P.O. BOX 1179 BOCA GRANDE FL 33921-1179	Mailing Address 5810 BIMINI WAY ST. PETE BCH FL 33706
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2. Principal Place of Business 21 <b>460 GULF BLVD</b> Suite, Apt. #, etc. 22 <b>P.O. Box 1005</b> City & State 23 <b>BOCA GRANDE, FL</b> Zip 24 <b>33921</b>	2a. Mailing Address 26 <b>P.O. Box 1005</b> Suite, Apt. #, etc. 27 City & State 28 <b>BOCA GRANDE FL</b> Zip 29 <b>33921</b>	3. Date Incorporated or Qualified <b>06/05/1978</b>	4. FEI Number <b>59-2752686</b> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>YOUNG, STANLEY</b> <b>5810 BIMINI WAY</b> <b>ST. PETERSBURG BCH. FL 33706</b>	10. Name and Address of New Registered Agent 81 Name <b>THOMAS C MADSEN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5800 GASPARIOLA RD</b> 83 <b>P.O. Box 1005</b> 84 City <b>BOCA GRANDE FL</b> 85 Zip Code <b>33921</b>
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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 *[Signature]* **ASSOCIATION MGR** DATE **2-20-99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOUNG, STANLEY</b>	1.2 NAME	
STREET ADDRESS	<b>5810 BIMINI WAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MARGARET P.</b>	2.2 NAME	
STREET ADDRESS	<b>362 W. MOHAWK DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MALVERN OH</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUPUY, L.F.</b>	3.2 NAME	
STREET ADDRESS	<b>4808 LONGWATER WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE (TYPED)** **2/6/99** **(27) 360-5417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)