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FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 744029 (0)

1. Corporation Name

OCEAN DUNES OF COCOA BEACH CONDOMINIUM ASSOCIATI  
ON, INC.

Principal Place of Business

Mailing Address

37 N ATLANTIC APT 5  
COCOA BEACH FL 3293137 N ATLANTIC APT 5  
COCOA BEACH FL 32931-2943

3. Date Incorporated or Qualified

08/23/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1856405

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASTEP, C RANDALL  
410 MILFORD PT  
MERRITT ISLAND FL 32952

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME MASCARIN, BARBARA  
STREET ADDRESS 41 N. ATLANTIC AVE. #11  
CITY-ST-ZIP COCOA BEACH FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME VONDERHEIDE, PETER  
STREET ADDRESS 114 SARAH'S GROVE LANE  
CITY-ST-ZIP SCHAUMBURG IL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME GUEST, MARY  
STREET ADDRESS 6443 PARSON BROWN DR  
CITY-ST-ZIP ORLANDO FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME EASTEP, RANDY C  
STREET ADDRESS 410 MILFORD PT.  
CITY-ST-ZIP MERRITT ISLAND FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME BLAMER, BOB  
STREET ADDRESS 2313 CARLOW DR  
CITY-ST-ZIP DARIEN IL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Mary B. Guest MARY B. Guest

1-6-97

407-740-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0018321

CR2E037 (9/96)