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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744029 (0)

1. Corporation Name

OCEAN DUNES OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

37 N ATLANTIC APT 5
COCOA BEACH FL 32931

37 N ATLANTIC APT 5
COCOA BEACH FL 32931

3. Date Incorporated or Qualified

08/23/1978

4. FEI Number

59-1856405

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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

TITLE PD ☐ DELETE

NAME MASCARIN, BARBARA
STREET ADDRESS 41 N. ATLANTIC AVE. #11
CITY-ST-ZIP COCOA BEACH FL

TITLE SD ☐ DELETE

NAME VONDERHEIDE, PETER
STREET ADDRESS 114 SARAH'S GROVE LANE
CITY-ST-ZIP SCHAUMBURG IL

TITLE T ☐ DELETE

NAME GUEST, MARY
STREET ADDRESS 6443 PARSON BROWN DR
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ DELETE

NAME EASTEP, RANDY C
STREET ADDRESS 410 MILFORD PT.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE VD ☐ DELETE

NAME BLAMER, BOB
STREET ADDRESS 2313 CARLOW DR
CITY-ST-ZIP DARIEN IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition

Blamer, Bob

959 N HWY 91A

INDIAN LANTIC, FL 32903

VD ☐ Change ☒ Addition

Rick Dean

400 Milford PT

Merritt Island, FL 32952

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REMARKS: Guest, TREAS 1-12-98 409-140-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)