

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90009 020 ****61.25

DOCUMENT # 744029

1. Entity Name

**OCEAN DUNES OF COCOA BEACH CONDOMINIUM ASSOCIATI
 ON, 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1856405**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EASTEP, C RANDALL
410 MILFORD PT
MERRITT ISLAND FL 32952

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD VONDERHEIDE, PETER**
 STREET ADDRESS **37 N ATLANTIC AVE 5**
 CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE Change Addition
 NAME **PETER VONDERHEIDE**
 STREET ADDRESS **37 N ATLANTIC AVE 5**
 CITY-ST-ZIP **COCOA BEACH, FL 32931**

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

TITLE Change Addition
 NAME **MARY GUEST**
 STREET ADDRESS **6443 PARSON BROWN DR**
 CITY-ST-ZIP **ORLANDO, FL 32819**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD DEAN, RICK**
 STREET ADDRESS **400 MILFORD PT**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary B. Guest* **Mary B. Guest** **2/22/02** **407 740-0190**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)