

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90038 033 \*\*\*\*61.25



<b>DOCUMENT # 744029</b>				<b>1. Entity Name</b>			
OCEAN DUNES OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.							
<b>Principal Place of Business</b>			<b>Mailing Address</b>				
37 N ATLANTIC APT 5 COCOA BEACH FL 32931			37 N ATLANTIC APT 5 COCOA BEACH FL 32931				
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
<b>City &amp; State</b>				<b>City &amp; State</b>			
City				City			
<b>Zip</b>		<b>Country</b>		<b>Zip</b>		<b>Country</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
EASTEP, C RANDALL 410 MILFORD PT. MERRITT ISLAND FL 32952				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			
<p><b>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. I am familiar with, and accept the obligations of registered agent.</b></p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____</p>							
<p><b>FILE NOW FEE IS \$61.25</b>  <b>Due By May 1, 2005</b></p> <p>4/4-05</p>			<p><b>9: Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>			<p><b>Make Check Payable to Florida Department of State</b></p>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASCARIN, BARBARA			NAME	THOMAS REID		
STREET ADDRESS	41 N. ATLANTIC AVE. #11			STREET ADDRESS	1470 S. BANANA RIVER DRIVE		
CITY-ST-ZIP	COCOA BEACH FL			CITY-ST-ZIP	MERRITT ISLAND FL 32952		
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VONDERHEIDE, PETER			NAME			
STREET ADDRESS	37 N ATLANTIC AVE 5			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL 32931			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EASTEP, RANDY C			NAME			
STREET ADDRESS	410 MILFORD PT.			STREET ADDRESS			
CITY-ST-ZIP	MERRITT ISLAND FL			CITY-ST-ZIP	32952		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			



1st MOORE CR2E037 (10/04)

**4. FEI Number** 59-1856405  Applied For  
 Not Applicable

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

**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:** Peter von der Heide **PETER VON DER HEIDE** **4/4-05** **321-783-4666**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #