

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90088 029 \*\*\*\*61.25

**DOCUMENT # 744029**

1. Entity Name

OCEAN DUNES OF COCOA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

37 N ATLANTIC APT 5  
 COCOA BEACH FL 32931

Mailing Address

37 N ATLANTIC APT 5  
 COCOA BEACH FL 32931

**50013446**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  Delete  
 NAME VD REID, THOMAS  
 STREET ADDRESS 1470 S BANANA RIVER DRIVE  
 CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE  Delete  
 NAME ST VONDERHEIDE, PETER  
 STREET ADDRESS ~~27 N ATLANTIC AVE 5~~  
 CITY-ST-ZIP COCOA BEACH FL 32931

TITLE  Delete  
 NAME RD EASTEP, RANDY C  
 STREET ADDRESS 410 MILFORD PT.  
 CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 171 N. ATLANTIC AVE., ~~000~~ #38  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 exemptions contained in Section 119, 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 04/10-06 321-783-4666