

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

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90021 007 ****70.00

DOCUMENT # 744298

1. Entity Name

THE DUNES OF OCEAN RIDGE, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-9202508

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486-1006

7. Name and Address of New Registered Agent

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 reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	RUBIN, ALAN	
STREET ADDRESS	6711 N. OCEAN BLVD #5	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHASON, STANLEY	
STREET ADDRESS	6711 N. OCEAN BLVD. #24	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDS, ALAN	
STREET ADDRESS	6711 N. OCEAN BLVD. #10	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESSOW, RICHARD	
STREET ADDRESS	6711 N OCEAN BLVD #3	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARMER, LORRAINE	
STREET ADDRESS	6711 N. OCEAN BLVD. #8	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRESCHER, DENNIS	
STREET ADDRESS	6711 N OCEAN BLVD #19	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOB DUNHILL	
STREET ADDRESS	6711 N Ocean Blvd #32	
CITY-ST-ZIP	OCEAN RIDGE, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE DAVIS	
STREET ADDRESS	6711 N Ocean Blvd #11	
CITY-ST-ZIP	OCEAN RIDGE, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature] Pres.

2/6/06

954-610-