FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:04

DOCUMENT # **744513** **(3)**

1. Corporation Name

THE SAND DUNES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8041 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706 US	8041 BLIND PASS ROAD ST. PETERSBURG BEACH FL 33706 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1978**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **59-2018858** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RESOP, JUDITH A
8041 BLIND PASS RD
ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	SCHALCK, LINDA	12 NAME	HENRY HOUSER	
STREET ADDRESS	2900 E. 7TH AVE	13 STREET ADDRESS	200 120 AVE W.	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	ROZELLE, FRED	22 NAME		
STREET ADDRESS	200 120 AVE W 108A	23 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISL FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	MORDEN, JOHN	32 NAME		
STREET ADDRESS	200 120TH AVE., NORTH	33 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	HIGGINS, GAIL	42 NAME		
STREET ADDRESS	204 120TH AVE. W.	43 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	TREASURER	☒ Change ☐ Addition
NAME	MURPHY, ROBERT	52 NAME	EILEEN GUTZMAN	
STREET ADDRESS	5391 PALISADES DRIVE	53 STREET ADDRESS	10951 JOHNSON BLVD #117	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X John Morden PRES. 3-21-95 813-367-1282
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN MORDEN

00014876