

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 744513 (3)

1. Corporation Name

THE SAND DUNES ASSOCIATION, INC.

Principal Place of Business

8041 BLIND PASS ROAD  
ST. PETERSBURG BEACH FL 33706  
US

Mailing Address

8041 BLIND PASS ROAD  
ST. PETERSBURG BEACH FL 33706  
US



3. Date Incorporated or Qualified  
10/10/1978

3a. Date of Last Report  
04/12/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number  
59-2018858

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME HOUSER, HENRY  
STREET ADDRESS 200-4230 AVE W  
CITY-ST-ZIP TREASURE ISLAND FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 200 120 AVE W 101-A  
1.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME ROZELLE, FRED  
STREET ADDRESS 200 120 AVE W 108A  
CITY-ST-ZIP TREASURE ISL FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD ☐ DELETE  
NAME MORDEN, JOHN  
STREET ADDRESS 200-120TH AVE., NORTH  
CITY-ST-ZIP TREASURE ISLAND FL

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 200 120 AVE W 104-A  
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME HIGGINS, GAIL  
STREET ADDRESS 204 120TH AVE. W.  
CITY-ST-ZIP TREASURE ISLAND FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME GUTZMAN, EILEEN  
STREET ADDRESS 10951 JOHNSON BLVD, #117  
CITY-ST-ZIP SEMINOLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)