

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33706-1616 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/10/1978		04/17/1996	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2018858		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25	29	30	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUSER, HENRY			1.2 NAME	FRED ROZELLE		
STREET ADDRESS	200 120TH AVE W, 101-A			1.3 STREET ADDRESS	200 120 AVE W 108A		
CITY-ST-ZIP	TREASURE ISLAND FL			1.4 CITY-ST-ZIP	TREASURE ISLAND, FL		
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROZELLE, FRED			2.2 NAME	DENNIS MERK		
STREET ADDRESS	200 120 AVE W 108A			2.3 STREET ADDRESS	200 120 AVE W 102A		
CITY-ST-ZIP	TREASURE ISL FL			2.4 CITY-ST-ZIP	TREASURE ISLAND, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MORDEN, JOHN			3.2 NAME	EILEEN GUTZMAN		
STREET ADDRESS	200 120 AVE W, 104-A			3.3 STREET ADDRESS	10951 JOHNSON BLVD #117		
CITY-ST-ZIP	TREASURE ISLAND FL			3.4 CITY-ST-ZIP	SEMINOLE, FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIGGINS, GAIL			4.2 NAME	JOHN MORDEN		
STREET ADDRESS	204 120TH AVE. W.			4.3 STREET ADDRESS	200 120 AVE W 104-A		
CITY-ST-ZIP	TREASURE ISLAND FL			4.4 CITY-ST-ZIP	TREASURE ISLAND, FL		
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTZMAN, EILEEN			5.2 NAME	HENRY HOUSER		
STREET ADDRESS	10951 JOHNSON BLVD, #117			5.3 STREET ADDRESS	200 120 AVE W 101-A		
CITY-ST-ZIP	SEMINOLE FL			5.4 CITY-ST-ZIP	TREASURE ISLAND, FL		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *Fred Rozelle* PRESIDENT 4/23/97 813-360-4079

CR2E037 (9/96)