

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90093 043 \*\*\*\*61.25

**DOCUMENT # 744513**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1978

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

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 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

| TITLE | NAME            | STREET ADDRESS           | CITY-ST-ZIP        | DELETED                             |
|-------|-----------------|--------------------------|--------------------|-------------------------------------|
| D     | HOUSER, HENRY   | 200 120TH AVE W, 101-A   | TREASURE ISLAND FL | <input checked="" type="checkbox"/> |
| P     | ROZELLE, FRED   | 200 120 AVE W 108A       | TREASURE ISL FL    | <input type="checkbox"/>            |
| D     | MORDEN, JOHN    | 200 120 AVE W, 104-A     | TREASURE ISLAND FL | <input type="checkbox"/>            |
| VP    | MERK, DENNIS    | 200 120 AVE W 102A       | TREASURE ISLAND FL | <input type="checkbox"/>            |
| ST    | GUTZMAN, EILEEN | 10951 JOHNSON BLVD, #117 | SEMINOLE FL        | <input type="checkbox"/>            |
|       |                 |                          |                    | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                            |
|-----------|----------|--------------------|-----------------|--------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

DIRECTOR  
BEVERLY BROWN  
202-120 AVE W. 201B  
TREASURE ISLAND, FL

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 727-360-4079

CR2E037 (11/98)

0052705