

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744513

1. Entity Name

THE SAND DUNES ASSOCIATION, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90060 009 ****61.25

Principal Place of Business

8041 BLIND PASS ROAD
ST. PETERSBURG BEACH FL 33706
US

Mailing Address

8041 BLIND PASS ROAD
ST. PETERSBURG BEACH FL 33706-1616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2018858

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☒ Delete

TITLE D
NAME MORDEN, JOHN
STREET ADDRESS 200 120 AVE W, 104-A
CITY-ST-ZIP TREASURE ISLAND FL

☐ Delete

TITLE ~~VP~~ DIRECTOR
NAME MERK, DENNIS
STREET ADDRESS 200 120 AVE W 102A
CITY-ST-ZIP TREASURE ISLAND FL

☐ Delete

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

☐ Delete

TITLE D
NAME BROWN, BEVERLY
STREET ADDRESS 202-120 AVE W. 201B
CITY-ST-ZIP TREASURE ISLAND FL

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 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 officers like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)