

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744513

1. Entity Name

THE SAND DUNES ASSOCIATION, INC.

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90036 048 \*\*\*\*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  
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 PD ☐ Delete  
NAME MORDEN, JOHN  
STREET ADDRESS 200 120 AVE W, 104-A  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME FRED ROZELLE  
STREET ADDRESS 200-120 AVE. W. 108A  
CITY-ST-ZIP TREASURE ISLAND, FL 33706

TITLE D ☒ Delete  
NAME MERK, DENNIS  
STREET ADDRESS 200 120 AVE W 102A  
CITY-ST-ZIP TREASURE ISLAND FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME OCONNOR, BARRIE  
STREET ADDRESS 204-120 AVE W C-2  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)