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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 761862 (2)
 1. Corporation Name
2800 S.E. DUNE DRIVE CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: **2800 SE DUNE DR STUART FL 34996**
 Mailing Address: **2800 SE DUNE DR STUART FL 34996-1954**

3. Date Incorporated or Qualified: **03/30/1982**
 3a. Date of Last Report: **04/17/1996**
 4. FEI Number: **59-2262866**
 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
DIREKTOR, ESQ. KENNETH BECKER & POLIAKOFF, P.A.
500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR WEST PALM BEACH FL 33401

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAMSON, WILLIAM	1.2 NAME	
STREET ADDRESS	2820 SE DUNE DR 2206	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, SHELDON	2.2 NAME	Durant, Kingsley
STREET ADDRESS	2808 SE DUNE DRIVE #1208	2.3 STREET ADDRESS	2816 SE Dune Drive #2309
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRUS, PAUL	3.2 NAME	S/D
STREET ADDRESS	2808 SE DUNE DRIVE #1108	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, HERBERT	4.2 NAME	
STREET ADDRESS	2820 SE DUNE DRIVE #2105	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, JOHN B	5.2 NAME	
STREET ADDRESS	2816 SE DUNE DRIVE #2405	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, ARNOLD B	6.2 NAME	
STREET ADDRESS	2802 SE DUNE DRIVE #1111	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	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: **John B. Regan** **President** **4/24/97** **561-225-2800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072146

CR2E037 (9/96)



Sailfish Point

2800 S.E. Dune Drive
Condominium Association, Inc.

2800 S.E. Dune Drive Stuart, Florida 34996
(407) 225-2800

Additional Officers and Directors

D

Regan, Robert E.
2816 SE Dune Drive #2110
Stuart, FL 34996