

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90243 027 ****61.25

DOCUMENT # 763856 1. Entity Name THE DUNE OF HUTCHINSON ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4751 NE OCEAN BLVD JENSEN BCH, FL 34957 US			Mailing Address 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2304286				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORTE, LORRAINE 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MICHAEL, INSABELLA		NAME		
STREET ADDRESS	4751 NWE OCEAN DR #2		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORHAN, ROBERT		NAME		
STREET ADDRESS	4751 NE OCEAN BLVD #1		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	SDT		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTSCHAT, KLAUS		NAME		
STREET ADDRESS	4751 NE OCEAN BLVD. #9		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP		
TITLE	D		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALL, VINCENT C JR		NAME		
STREET ADDRESS	4751 NE OCEAN DR #11		STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP		
TITLE	D		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMAS, CHRISTENSON		NAME	MARVIN, Robert	
STREET ADDRESS	4651 NE OCEAN DR #6		STREET ADDRESS	4651 NE OCEAN DR. #24	
CITY-ST-ZIP	JENSEN BCH, FL 34957		CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X. O. Butler</i> Secretary 3/21/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					