


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90010 016 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2304286	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FORTE, LORRAINE 1111 SE FEDERAL HWY SUITE 100 STUART, FL 34994				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD MICHAEL, INSABELLA <input type="checkbox"/> Delete 4751 NWE OCEAN DR #2 JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORHAN, ROBERT <input type="checkbox"/> Delete 4751 NE OCEAN BLVD #1 JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARTSCHAT, KLAUS <input type="checkbox"/> Delete 4751 NE OCEAN BLVD. #9 JENSEN BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, VINCENT C JR <input checked="" type="checkbox"/> Delete 4751 NE OCEAN DR #11 JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIUKOTYNSKI, STEFAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4651 NE OCEAN BLVD. #17 Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT, MARVIN <input type="checkbox"/> Delete 4651 NE OCEAN DR 24 JENSEN BEACH, FL 34957		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/27/07 772-225-3097 Date Daytime Phone #		