

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90101 034 \*\*\*\*61.25

<b>DOCUMENT # 769890</b> 1. Entity Name <b>DUNE WALK BY THE OCEAN CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>7380 S. OCEAN DRIVE JENSEN BEACH, FL 34957 US</b>		Mailing Address <b>C/O ADVANTAGE PROPERTY MANEGEMENT P.O. BOX 65 JENSEN BEACH, FL 34958 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>111 SE Federal Hwy Suite 100 Stuart, FL 34994</b>	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number <b>65-0009600</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSS, DEBORAH L 759 S FEDERAL HWY. STE. 212 STUART, FL 34994</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCINTYRE, JOHN 7370 S OCEAN DR., #414 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUSTED, RONALD 7380 S OCEAN DR., #620 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONAN, WILLIAM 7380 S OCEAN DR., #5A JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLUME, EDMUND 7370 S OCEAN DR #811 JENSEN BEACH, FL 34957	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWERS, WILLIAM 7380 S OCEAN DR #118 JENSEN BEACH, FL 34957	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINNIE, WILLIAM 7370 S OCEAN DR 314 JENSEN BEACH, FL	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
ASD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
PD KURTH, GERRY 7380 S. OCEAN DR # 902 Jensen Beach, FL 34957		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 other like empowered.		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/24/05</b> Daytime Phone # <b>772-229-3925</b>	

50033967



02112005 Chg-NP CR2E037 (10/03)

ATTACHMENT  
#769890

VAD

ADDITION

50033967

Lighton, Richard

7380 S. DEERAN DR. # 518

Jensen Beach, FL 34957