FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -7 AM 11:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **770436** **(4)**

1. Corporation Name

SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8512 NAVARRE PARKWAY NAVARRE FL 32566	8512 NAVARRE PARKWAY NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1983**
3a. Date of Last Report: **01/24/1994**
4. FEI Number: **59-2445701** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

HEWATT, IRA MAE
7201 BILL-N-IRA'S TRAIL
NAVARRE FL 32566

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HEWATT, IRA MAE	1.2 NAME	Blum, Robert	
STREET ADDRESS	7201 BILL-N-IRA'S TRAIL	1.3 STREET ADDRESS	1448 Tina Dr., Unit 211	
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	Navarre Beach, FL 32566	
TITLE	TD	2.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	TORJUSEN, CHARLES	2.2 NAME	Kauder, Wes	
STREET ADDRESS	806 LAKEVIEW DRIVE	2.3 STREET ADDRESS	1448 Tina Dr., Unit 222	
CITY-ST-ZIP	PASCAGOULA MS	2.4 CITY-ST-ZIP	Navarre Beach, Fl 32566	
TITLE	D	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HOLTREY, DELATHA	3.2 NAME	Witcher, Cathy	
STREET ADDRESS	1448 TINA DR #223	3.3 STREET ADDRESS	1448 Tina Dr., Unit 113	
CITY-ST-ZIP	NAVARRE BEACH FL	3.4 CITY-ST-ZIP	Navarre Beach, FL 32566	
TITLE	P	4.1 TITLE	P	☒ Change ☐ Addition
NAME	BLUM, ROBERT	4.2 NAME	Holtrey, Ben	
STREET ADDRESS	1448 TINA DRIVE #21	4.3 STREET ADDRESS	1448 Tina Dr., Unit 223	
CITY-ST-ZIP	NAVARRE BCH FL 32566	4.4 CITY-ST-ZIP	Navarre Beach, FL 32566	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ira Mae Hewatt 4-4-95 939-2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078887