FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

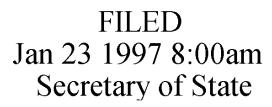
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

770436

(4)



SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.									
Principal Place of Business Mailing Address						\$ TOWISH SMALL ARBUT BOOKS WHOME CHAIL	I WILL BARAL DI		(I BIBII BIBII IBBI
8512 NAVARR NAVARRE FL		8512 NAVARRE PARKW NAVARRE FL 32566-690	12 NAVARRE PARKWAY AVARRE FL 32566-6902						
						3. Date Incorporated or Qualified 09/27/1983	3a. Da	te of Last 02/12/	
	Place of Business	2a. Mailing Address	,			4. FEI Number			Applied For
21	h -4-	26				59-2445701			Not Applicable
Suite, Apt	#, €IC.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State				6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	<u></u> — ¬	untry	•	8. This corporation has liability for			s. 199.032,
24	25 9. Name and Address of Curre	nt Registered Agent	30	1		Florida Statutes 10. Name and Address of New Re		No	
	3. Name and Address of Cone	it neglistere where		81	Name	IV. Hame and Address of New No	Aisteren :	Agoni	
LIENAAT	T IDA MAC								
	T, IRA MAE ILL-N-IRA'S TRAIL			82 Street Addr		ddress (P.O. Box Number is Not Acceptat	ole)		
	RE FL 32566			83					
IIAIAI	116 1 6 02000			0.4	City				- Cada
				B4	City		FL	85 Zi	p Code
agent. I a SIGNATURE	am faminar with, and accept the oblig					ration's board of directors. I hereby acce	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		`	ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	ORS IN 12
TITLE	D	DELETE	1,1 1	TITLE				Chang	e 🔲 Addition
NAME	BLUM, ROBERT		1.21	NAME					
STREET ADDRESS	1448 TINA DR., UNIT 211		1.3	STREET	ADDRESS				
CITY-ST-ZIP	NAVARRE BEACH FL	Присте		CITY-S	IT-ZIP			T 1 0h	
TITLE	STD			TITLE				☐ Chang	e Addition
NAME	KAUDER, WES 1448 TINA DR., UNIT 222			NAME	ADDRESS				
STREET ADDRESS CITY-ST-ZIP	NAVARRE BEACH FL				ADDRESS ST-ZIP				
TITLE	VD VD	DELETE		TITLE	31-211			Chang	e 🔲 Addition
NAME	WITCHER, CATHY			NAME	ŀ			_ ,	
STREET ADDRESS	1448 TINA DR., UNIT 113		3.3	STREET	ADDRESS				
CITY-ST-ZIP	NAVARRE BEACH FL.		3.4.	CITY-	ST-ZiP				
TITLE	P	DELETE	4.1	TITLE				Chang	e 🔲 Addition
NAME	HOLTREY, BEN		4.2	NAME	J				
STREET ADDRESS	1448 TINA DR., UNIT 23		4.3	STREET	ADDRESS				
CITY - ST - ZIP	NAVARRE BCH FL	T 50		CITY-S	ST-ZIP			112	
TITLE		☐ DELETE		TITLE]			☐ Chang	e L Addition
NAMÉ				NAME	40000				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		DELETE		CITY - S Title	or-ZIP			Chang	e Addition
NAME		E.J DECETE		NAME	ŀ			L. J. Orkally	רעט אינויים איניים
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				CITY-S					
	L	and with the diline alone and my				ted in Section 119.07(3)(i). Florida Statute	- 17 - 41 -		

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 18 if changed, or on an attachment with an address