

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 770436 (4)
1. Corporation Name
SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 8512 NAVARRE PARKWAY NAVARRE FL 32566	Mailing Address 8512 NAVARRE PARKWAY NAVARRE FL 32566-6902
---	--

3. Date Incorporated or Qualified 09/27/1983	3a. Date of Last Report 02/12/1996
--	--

2. Principal Place of Business [21] Suite, Apt #, etc. [22] City & State [23] Zip Country [24]	2a. Mailing Address [26] Suite, Apt #, etc. [27] City & State [28] Zip Country [29]	4. FEI Number 59-2445701	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEWATT, IRA MAE
7201 BILL-N-IRA'S TRAIL
NAVARRE FL 32568**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, ROBERT	1.2 NAME	
STREET ADDRESS	1448 TINA DR., UNIT 211	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDER, WES	2.2 NAME	
STREET ADDRESS	1448 TINA DR., UNIT 222	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITCHER, CATHY	3.2 NAME	
STREET ADDRESS	1448 TINA DR., UNIT 113	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTREY, BEN	4.2 NAME	
STREET ADDRESS	1448 TINA DR., UNIT 23	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE BCH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 904-939-2366
Date Daytime Phone # 0074346

CR2E037 (9/96)