


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/27/1983	
4. FEI Number 59-2445701	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent HEWATT, IRA MAE 7201 BILL WIRA'S TRAIL NAVARRE FL 32566	10. Name and Address of New Registered Agent 81 Name Ira Mae Hewatt 82 Street Address (P.O. Box Number is Not Acceptable) 8512 Navarre Pkwy 83 84 City Navarre FL 85 Zip Code 32566
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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 Ira Mae Hewatt **2-17-98**
Signature, typed or printed name of registered agent and title if applicable (If E-Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	0 BLUM, ROBERT
STREET ADDRESS	1448 TINA DR., UNIT 211
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	STD KAUDER, WES
STREET ADDRESS	1448 TINA DR., UNIT 222
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD WITCHER, CATHY
STREET ADDRESS	1448 TINA DR., UNIT 113
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	P HOLTREY, BEN
STREET ADDRESS	1448 TINA DR., UNIT 23
CITY-ST-ZIP	NAVARRE BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 **2-17-98** **850-939-2316**

CR2E037 (10/97)