

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 11 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **J76293** (6)  
1. Corporation Name  
**EAST DUNE LANE CORPORATION**



Principal Place of Business Mailing Address  
% JOHN C. DOTTERRER 125 WORTH AVE. STE 310  
PALM BEACH FL 33480 % JOHN C. DOTTERRER 125 WORTH AVE. STE 310  
PALM BEACH FL 33480-4475

3. Date Incorporated or Qualified **06/04/1987** 3a. Date of Last Report **01/30/1996**  
4. FEI Number **65-0008327** 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  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**DOTTERRER, JOHN C.  
125 WORTH AVENUE, STE 310  
PALM BEACH FL 33480**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	<b>DONNELLY, HONORIA MURPHY</b>	
STREET ADDRESS	<b>33 OCEAN AVE 512</b>	
CITY - ST - ZIP	<b>PALM BEACH SHORES FL 33404</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>DONNELLY, JOHN CHARLES</b>	
STREET ADDRESS	<b>P.O. BOX 1022</b>	
CITY - ST - ZIP	<b>EAST HAMPTON NY 11937</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>DOTTERRER, JOHN C.</b>	
STREET ADDRESS	<b>125 WORTH AVE #310</b>	
CITY - ST - ZIP	<b>PALM BEACH FL</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, LAURA DONNELLY</b>	
STREET ADDRESS	<b>716 GIBBON STREET</b>	
CITY - ST - ZIP	<b>ALEXANDRIA VA 22314</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>DONNELLY, WILLIAM S.</b>	
STREET ADDRESS	<b>170 OCEAN LANE DR APT 702</b>	
CITY - ST - ZIP	<b>KEY BISCAYNE FL 33149</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Donnelly, Honoria Murphy</b>	
1.3 STREET ADDRESS	<b>33 Ocean Ave., # 512</b>	
1.4 CITY - ST - ZIP	<b>Palm Beach Shores, FL 33404</b>	
2.1 TITLE	D:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Donnelly, John Charles</b>	
2.3 STREET ADDRESS	<b>P.O. Box 1022</b>	
2.4 CITY - ST - ZIP	<b>East Hampton, NY 11937</b>	
3.1 TITLE	S:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dotterrer, John C.</b>	
3.3 STREET ADDRESS	<b>125 Worth Ave., Suite 310</b>	
3.4 CITY - ST - ZIP	<b>Palm Beach, FL 33480</b>	
4.1 TITLE	V:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Taylor, Laura Donnelly</b>	
4.3 STREET ADDRESS	<b>Box 1022</b>	
4.4 CITY - ST - ZIP	<b>East Hampton, NY 11937</b>	
5.1 TITLE	V:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Donnelly, William S.</b>	
5.3 STREET ADDRESS	<b>630 Curtiswood Drive</b>	
5.4 CITY - ST - ZIP	<b>Key Biscayne, FL 33149</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

*This address is complete*

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (REQUIRED) 20 JAN 97 (561) 655-7097  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Officer's Phone # 0335344

CR2E034 (9/96)