

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

0359111

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**FILED**  
 09 MAR 22 PM 1:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



Principal Place of Business Mailing Address  
**% JOHN C. DOTTERER** **% JOHN C. DOTTERER**  
**125 WORTH AVE. STE 310** **125 WORTH AVE. STE 310**  
**PALM BEACH FL 33480** **PALM BEACH FL 33480**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/04/1987**

4. FEI Number Applied For Not Applicable  
**65-0008327**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code  
**FL**

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 Signature typed or printed name of registered agent and state of appointment (NOTE: Registered Agent must be a resident of the state) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLY, HONORIA MURPHY</b>		12 NAME		
STREET ADDRESS	<b>33 OCEAN AVE 512</b>		13 STREET ADDRESS	<b>400002824184 - 9</b>	
CITY-ST-ZIP	<b>PALM BEACH SHORES FL 33404</b>		14 CITY-ST-ZIP	<b>03/30/99 - 01038 - 024</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	21 TITLE	<b>P/T/D</b>	<b>****150.00</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLY, JOHN CHARLES</b>		22 NAME		
STREET ADDRESS	<b>33 OCEAN AVE, APT 512</b>		23 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH SHORES FL 33404</b>		24 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOTTERER, JOHN C.</b>		32 NAME		
STREET ADDRESS	<b>125 WORTH AVE #310</b>		33 STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH FL</b>		34 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	41 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, LAURA DONNELLY</b>		42 NAME		
STREET ADDRESS	<b>P.O. BOX 1022 N/A</b>		43 STREET ADDRESS	<b>East Hampton, NY 11937</b>	
CITY-ST-ZIP	<b>ESAT HAMPTON NY 11937</b>		44 CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	51 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNELLY, WILLIAM S.</b>		52 NAME		
STREET ADDRESS	<b>170 OCEAN LANE DR APT 702</b>		53 STREET ADDRESS		
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>		54 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(b), 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 with all other like empowered.

SIGNATURE: *John Charles Donnelly* **John Charles Donnelly**

3/17/99

CR2E034 (1/198)