
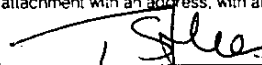


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90271 048 \*\*\*\*61.25

<b>DOCUMENT # N00000007004</b> 1. Entity Name <b>THE DUNES AT MINORCA OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2600 NORTH PENINSULA AVE. NEW SMYRNA BEACH, FL 32169</b>			Mailing Address <b>2600 NORTH PENINSULA AVE. NEW SMYRNA BEACH, FL 32169</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3707102</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHEEZEM, J. MICHAEL 2201 FOURTH ST. NORTH, STE. 200 ST. PETERSBURG, FL 33704</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:  SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '05		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEPHENS, THOMAS</b>		NAME		
STREET ADDRESS	<b>262 MINORCA BEACH WAY</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW SMYRNA BEACH, FL 32141</b>		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GODWIN, ROBERT</b>		NAME	<b>ED DETTMAN</b>	
STREET ADDRESS	<b>262 MINORCA BEACH WAY</b>		STREET ADDRESS	<b>253 Minorca Beach Way, #501</b>	
CITY - ST - ZIP	<b>EDGEWATER, FL 32141</b>		CITY - ST - ZIP	<b>New Smyrna Beach, FL 32169</b>	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GEITTMANN, MARGARET</b>		NAME		
STREET ADDRESS	<b>253 MINORCA BEACH WAY 701</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>NEW SMYRNA BEACH, FL 32169</b>		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LOBNETZ, EDWARD</b>		NAME	<b>Dennis Hyde</b>	
STREET ADDRESS	<b>262 MINORCA BEACH WAY</b>		STREET ADDRESS	<b>253 Minorca Beach Way, #302</b>	
CITY - ST - ZIP	<b>EDGEWATER, FL 32141</b>		CITY - ST - ZIP	<b>New Smyrna Beach, FL 32169</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>4-18-05 727-823-0022</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		