

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00254 (5)

1. Corporation Name

DUNES BEACH CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

17001 COLLINS AVE.
BOX 298
MIAMI BEACH FL 33160

Mailing Address

17001 COLLINS AVE.
BOX 298
MIAMI BEACH FL 33160



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

ZUBIZARRETA, CONCEPCION G.
17001 COLLINS AVE.
MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

12/07/1983

3a. Date of Last Report

04/12/1995

4. FEI Number

59-2359543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name

AMELIA CLUNE

82

Street Address (P.O. Box Number is Not Acceptable)

17001 COLLINS AVE. # 298.

83

84

City

N. MIAMI BEACH

FL

85 Zip Code

33160

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

Amelia Clune

(NOTE: Registered Agent signature required when reinstating)

07-02-96.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TVD ☐ DELETE
NAME ZUBIZARRETA, CONCEPCION G.
STREET ADDRESS 17001 COLLINS AVE #114
CITY - ST - ZIP N MIAMI BEACH FL

1.1 TITLE TVD ☒ Change ☐ Addition
1.2 NAME AMELIA CLUNE
1.3 STREET ADDRESS 17001 COLLINS AVE. # 298.
1.4 CITY - ST - ZIP N. MIAMI BEACH, FL. 33160

TITLE VD ☐ DELETE
NAME ACOSTA, JULIO
STREET ADDRESS 17001 COLLINS AVE #287
CITY - ST - ZIP N MIAMI BEACH FL

2.1 TITLE VD. ☒ Change ☐ Addition
2.2 NAME SANTIAGO VASQUEZ
2.3 STREET ADDRESS 17001 COLLINS AVE #298.
2.4 CITY - ST - ZIP N. MIAMI BEACH, FL. 33160

TITLE TD ☐ DELETE
NAME VASQUEZ, SANTIAGO
STREET ADDRESS 17001 COLLINS AVE #219
CITY - ST - ZIP MIAMI BCH. FL

3.1 TITLE TD. ☒ Change ☐ Addition
3.2 NAME PAUL PEPPLITSCH.
3.3 STREET ADDRESS 17001 COLLINS AVE. #298.
3.4 CITY - ST - ZIP N. MIAMI BEACH, FL. 33160.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Amelia Clune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-02-96

Date

(305) 949-3259.

Daytime Phone #

CR2E037 (3/96)