

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00254 (5)

1. Corporation Name

DUNES BEACH CLUB OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

17001 COLLINS AVE.
BOX 298
MIAMI BEACH FL 3316017001 COLLINS AVE.
BOX 298
MIAMI BEACH FL 33160-36453. Date Incorporated or Qualified
12/07/19833a. Date of Last Report
07/08/1996

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

25

29

30

4. FEI Number

59-2359543

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLUNE, AMELIA
17001 COLLINS AVE #298
N MIAMI BEACH FL 33160

81 Name

LUIS CRIADO

82 Street Address (P.O. Box Number is Not Acceptable)
17001 COLLIS AVE # 298

83 N. MIAMI BEACH, FL. 33160

84 City

FLORIDA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TVD ☒ DELETE
NAME CLUNE, AMELIA
STREET ADDRESS 17001 COLLINS AVE #298
CITY-ST-ZIP N MIAMI BEACH FL1.1 TITLE TVD ☐ Change ☐ Addition
1.2 NAME LUIS CRIADO
1.3 STREET ADDRESS 17001 COLLINS AVE # 298
1.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160TITLE VD ☒ DELETE
NAME VASQUEZ, SANTIAGO
STREET ADDRESS 17001 COLLINS AVE #298
CITY-ST-ZIP N MIAMI BEACH FL2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME AMELIA CLUNE
2.3 STREET ADDRESS 17001 COLLINS AVE 298
2.4 CITY-ST-ZIP N. MIAMI BEACH, FL 33160TITLE TD ☒ DELETE
NAME PEPPLITSCH, PAUL
STREET ADDRESS 17001 COLLINS AVE #298
CITY-ST-ZIP N MIAMI BEACH FL3.1 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 33160TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. 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 617, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PAUL PEPPLITSCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031477

CR2E037 (9/96)

1-23-97 (305) 949-3259