

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90116 002 ****61.25

DOCUMENT # N00254

1. Corporation Name

DUNES BEACH CLUB OWNERS ASSOCIATION, INC.

147464 90116 02 4 *

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/07/1983

4. FEI Number

59-2359543

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

9. Name and Address of Current Registered Agent

CRIADO, LUIS
17001 COLLIS AVE.
#298
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name SANTIAGO VAZQUEZ

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

17001 Collins Ave #298

84 City

Sunny Isles, 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

TITLE TVD
NAME CRIADO, LUIS
STREET ADDRESS 17001 COLLINS AVE., #298
CITY-ST-ZIP N. MIAM BEACH FL

TITLE VD
NAME CLUNE, AMELIA
STREET ADDRESS 17001 COLLINS AVE #298
CITY-ST-ZIP N MIAMI BEACH FL

TITLE TD
NAME PEPPLITSCH, PAUL
STREET ADDRESS 17001 COLLINS AVE #298
CITY-ST-ZIP N MIAMI BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SANTIAGO VAZQUEZ
1.3 STREET ADDRESS 17001 Collins Ave #298
1.4 CITY-ST-ZIP Sunny Isles, FL. 33160

2.1 TITLE VD
2.2 NAME JULIO ACOSTA
2.3 STREET ADDRESS 17001 Collins Ave #298
2.4 CITY-ST-ZIP Sunny Isles, FL. 33160

3.1 TITLE TD
3.2 NAME PAUL PEPPLITSCH
3.3 STREET ADDRESS 17001 Collins Ave #298
3.4 CITY-ST-ZIP Sunny Isles, FL. 33160

4.1 TITLE SD
4.2 NAME JORGE MUNIZ
4.3 STREET ADDRESS 17001 Collins Ave #298
4.4 CITY-ST-ZIP Sunny Isles, FL. 33160

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 1-18-99 (305) 949-3255

CR2E037 (11/98)