2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2006 8:00 am Secretary of State DOCUMENT # N02000003499 05-02-2006 90215 008 ****61.25 SEA OAKS DUNE HOUSE POINTE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1235 WINDING OAKS CIRCLE 1235 WINDING OAKS CIRCLE VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 2. Principal Place of Business 2811 HEHWAY AIA AIA Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 03-0469087 $\mathcal{M}^{\mathcal{M}}$ SME Not Applicable Zip Sip Im Country Country \$8.75 Additional 5. Certificate of Status Desired MME λ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAWSON, PAMELA S O Box Number is Not Acceptable) 1235 WINDING OAKS CIRCLE HIGH DOM DID VERO BEACH FL 32963 City 3 176 8. The above named entity submits this sta ement 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 Signature land or printed name of registered agent and title if applie FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DP ☐ Delete TITLE 3me12 Change Addition Addition SCHMITT, WILLIAM SAME NAME STREET ADDRESS 1235 WINDING OAKS CIRCLE BBII HIGHWAY AIA STREET ADDRESS VERO BEACH FL 32963 CITY - ST- ZIP CITY-ST-ZIP Shows TD Same Change TITLE ☐ Delete TITLE ■ Addition SMME TECLER, RONALD NAME NAME 1235 WINDING OAKS CIR STREET ADDRESS STREET ADDRESS AIR PAWHOVE 1188 CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP SAME SD Delete Change TITLE TITLE 3mAC ☐ Addition NAME KLUFT, PHILIP SAME AIR MACHINITY TISS STREET ADDRESS 1235 WINDING OAKS CIRCLE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP SAME THUS Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

Konold S. Tecler

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