


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000006319

1. Entity Name
OCEAN DUNES CONDOMINIUM AT AQUARINA BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951	Mailing Address 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
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01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 37-1503893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BATES, JAMES H
 235 HAMMOCK SHORE DRIVE
 MELBOURNE BEACH, FL 32951**

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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 reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVY, ROBERT A 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAUFFMAN, GEORGIA A 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SADKIN, S. MARTIN 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/10/07-80022-018 61.25

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

SIGNATURE: *S. Martin Sadkin* **Treasurer** *235-370-7788*
 _____ **April 24, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #