

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                                              |                                                                                   |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000006319</b>                                                               |  |
| 1. Entity Name<br>OCEAN DUNES CONDOMINIUM AT AQUARINA BEACH<br>CONDOMINIUM ASSOCIATION, INC. |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951 | Mailing Address<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-NP CR2E037 (4/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>37-1503893 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                          |
|-----------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|-----------------------------------------------------------|------------------------------------------|

|                                                                        |  |
|------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                        |  |
| BATES, JAMES H<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951 |  |

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IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                     |                                                                                        |                                       |                          |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|--------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing***<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | 04/10/08-80040-023 61.25 |
|-----------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|--------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                   |
|------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LEVY, ROBERT A<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KAUFFMAN, GEORGIA A<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SADKIN, S. MARTIN<br>235 HAMMOCK SHORE DRIVE<br>MELBOURNE BEACH, FL 32951   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                   |

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IN THIS SPACE**

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:** Georgia A. Kauffman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_