

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N08301

1. Entity Name
DUNEDIN BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2616 ST. JOSEPH DR. W.
DUNEDIN, FL 34698 US**

Mailing Address
**1200 VIRGINIA AVE
PALM HARBOR, FL 34683 US**



01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2896300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, MARY ANN
1200 VIRGINIA AVE
PALM HARBOR, FL 34683**

**DO NOT WRITE
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 _____

DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHIRMER, JOHN D
STREET ADDRESS	140 TURTLE CREEK CIRCLE
CITY-ST-ZIP	OLDSMAR, FL 34677

TITLE	VD
NAME	PELC, DOLORES C
STREET ADDRESS	11647 WHEATFIELD LOOP
CITY-ST-ZIP	HUDSON, FL 34667

TITLE	TD
NAME	SMITH, MARY ANN
STREET ADDRESS	1200 VIRGINIA AVE
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	SD
NAME	SMITH, JERRY W
STREET ADDRESS	1200 VIRGINIA AVE
CITY-ST-ZIP	PALM HARBOR, FL 34683

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80003-019 61.25

**DO NOT WRITE
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: _____

Mary Ann Smith *Mary Ann Smith - Treas.* *4-11-06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #