## FILE NOW: FILING FEE IS 161.23

**NONPROFIT** CORPORATION ANNUAL REPORT



FU. 1DA DE ARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS** 

1997

N31768

| FILED              |      |  |  |  |  |
|--------------------|------|--|--|--|--|
| Jun 11 1997 8:0    | )0am |  |  |  |  |
| Secretary of State |      |  |  |  |  |

|   | MENT # N31768<br>D DUNES YACHT CLUB, INC   |                  |                                     | <br>  | # 1844 B.B.J. BHAN B.B.H. B.B.H. BHAN B.B.J. 1844 |
|---|--|------------------|-------------------------------------|---|---|
| Principal Place of Business Mailing Address   |  |                  |                                     |   |   |
| 8735 S. OCEAN DRIVE JENSEN BEACH FL 34957 US B735 S. OCEAN DRIVE STE 2900 JENSEN BEACH FL 3495 US |  | 57-21 <b>0</b> 8 | Date Incorporated or Qualified      | 3a. Date of Last Report                                 |   |
|   |  |                  |                                     | 04/18/1989  | 3a. Date of Last Report<br>03/25/1996             |
| 2. Principal P  | 2. Principal Place of Business 2a. Mailing Address 21  |                  |                                     | 4. FEI Number NOT APPLICABLE                            | Applied For Not Applicable                        |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                  | 5. Certificate of Status Desired    | \$8.75 Additional                                       |   |
| 22 City & Stat  |  | City & State     |                                     | C. Clastica Companion Lincoln                           | Fee Required                                      |
| 23  | •  | 28               |                                     | Election Campaign Financing     Trust Fund Contribution | \$5.00 May Be  Added to Fees                      |
| Zip   | Country  | Zip              | Country                             | 8. This corporation has liability for                   |   |
| 24  | 25   | 29               | 30                                  |   | Yes No  |
|   | 9. Name and Address of Current   | Registered Agent |                                     | 10. Name and Address of New Re                          | egistered Agent                                   |
| A) 141 ID   |  |                  | 81 Name                             |   |   |
|   | ler, Joseph<br>Ocean Drive   |                  | 62 Street                           | Address (P.O. Box Number is Not Accepta                 | ble)  |
|   | I BEACH FL 34957   |                  | 83                                  |   | 7000  |
| OCHOCI  | DEACHTE 04807  |                  |                                     |   |   |
|   |  |                  | 84 City                             |   | FL 85 Zip Code                                    |
| SIGNATURE   | Signature, typed or printed name of registered agent and little if applicable. (NOT OFFICERS AND DIRECTORS |                  | DYE: Registered Agent signature 13. | required when reinstating)  ADDITIONS/CHANGES TO OFF R  | DATE CERS AND DIRECTORS IN 12                     |
| TITLE   | DS   | ☐ DELETE         | 1.1 TITLE                           |   | Change Addition                                   |
| NAME  | WHITCOMB, CLIF   |                  | 1.2 NAME                            |   |   |
| STREET ADDRESS  | 8735 S OCEAN DR  |                  | 1.3 STREET ADDRESS                  |   |   |
| CITY-ST-ZIP<br>TITLE  | JENSEN BEACH FL  | DELETE           | 1.4 CITY-ST-ZIP                     | Vice President/Dire                                     | Change Addition                                   |
| NAME  | TRIMBLE, WILLIAM   | Otter            | 2.2 NAME                            | Fernand Pare<br>8650 s. Ocean Dr.                       |   |
| STREET ADORESS  | 87352 OCEAN DR   |                  | 2.9 STREET ADDRESS                  | 8650 S. Ocean Dr.                                       | DUP   |
| CITY-ST-ZIP   | JENSEN BEACH FL  |                  | 2. 4 CITY-ST-ZIP                    | 126756V BEDON LE  | 34957   |
| TITLE   | DVP  | ☐ DELETE         | 3.1 TITLE                           | President/ Director                                     | Change Addition                                   |
| NAME  | CURTENIUS, ALFRED  |                  | 3.2 NAME                            | AL Curtenius<br>26005. Kanner Huy                       | GI ND   |
| STREET ADDRESS  | 2800 S. KANNER HWY, G-1  |                  | 3.3 STREET ADDRESS                  | 26002. Editied  | . Dr  |
| CITY-ST-ZIP<br>TITLE  | STUART FL<br>DP  | DELETE           | 3.4. CITY-ST-ZIP 4.1 TITLE          | Stuart, PL  | Change Addition                                   |
| NAME  | WILTJER, PHILIP  | Detect           | 4. 2 NAME                           | Vice President/T  | Ment Caronina                                     |
| STREET ADDRESS  | 8735 S OCEAN DR.   |                  | 4.3 STREET ADDRESS                  | Phil wiltjer<br>8735 S. OGEN D.<br>Jensen Brock Fi 30   | Dab   |
| CITY-ST-ZIP   | JENSEN BECH FL   |                  | 4.4 CITY - ST - ZIP                 | Jensen Beach Pl 34                                      | 1957  |
| TITLE   | DT   | DELETE           | 5.1 TITLE                           |   | Change Addition                                   |
| NAME  | CHANDLER, JOSEPH   |                  | 5.2 NAME                            |   |   |
| STREET ADDRESS  | 8735 S OCEAN DR  |                  | 5.3 STREET ADDRESS                  |   |   |
| CITY-ST-ZIP   | JENSEN BEACH FL  | DESETE           | 5.4 CiTY-ST-ZiP                     |   | Channa Addition                                   |
| TITLE   |  | DELETE           | 6.1 TITLE                           |   | Change  Addition                                  |
| NAME<br>STREET ADDRESS  | •  |                  | 6.2 NAME<br>6.3 STREET ADDRESS      |   |   |
| CITY-ST-ZIP   |  |                  | 6.4 CITY+ST-ZIP                     |   |   |
| 0111-01-20  | L  |                  | 0.4 O(11+31+21F                     | 1   |   |

I do 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 13 if changed, or on an attachment with an address.