

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31871** (9)

1. Corporation Name
ISLAND DUNES OCEANSIDE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% ROBERT G. OHLAU
8800 S. OCEAN DR., UNIT 204
JENSEN BEACH FL 34957

3. Date Incorporated or Qualified **04/21/1989** 3a. Date of Last Report **03/02/1995**

2. Principal Place of Business 2a. Mailing Address
21 **8800 S. Ocean Dr.** 26 **8800 S. Ocean Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **410** 27 **410**
City & State City & State
23 **Jensen Beach, FL** 28 **Jensen Beach, FL**
Zip Country Zip Country
24 **34957** 25 Country 29 **34957** 30 Country

4. FEI Number **65-0142129** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
OHLAU, ROBERT G.
8800 S. OCEAN DR., UNIT 204
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
81 Name **CALVIERO, PETER S.**
82 Street Address (P.O. Box Number is Not Acceptable)
8800 S. Ocean Dr.
83 **Unit 410**
84 City **Jensen Beach** FL 85 Zip Code **34957**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Peter S. Calviero* 3/13/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NACHMAN, WILLIAM 8800 S OCEAN DR #202 JENSEN BEACH FL <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AVERY, CHARLES 8800 S. Ocean Dr. Unit 1306 Jensen Beach, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> DELETE PAOLETTI, FREDERICK 8800 S OCEAN DR #1404 JENSEN BEACH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> DELETE CALVIERO, PETER 8800 S. OCEAN DR#410 JENSEN BEACH FL 34957	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> DELETE HAAS, LEROY 8800 S. OCEAN DR #310 JENSEN BEACH FL 34957	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> DELETE OHLAU, ROBERT G. 8800 S OCEAN DR JENSEN BEACH FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM <input type="checkbox"/> DELETE MCINTYRE, THOMAS 8800 S OCEAN DR #102 JENSEN BEACH FL 34957	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200001760962 -03/28/96--01041--037 ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an appointment with address.

SIGNATURE: *Peter S. Calviero*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter S. Calviero

3/13/96
Date Time Place

CR2E037 (12/95)