


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31871 (9)  
1. Corporation Name  
ISLAND DUNES OCEANSIDE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 8800 S. OCEAN DR. UNIT 410 JENSEN BEACH FL 34957  
Mailing Address: 8800 S. OCEAN DR. UNIT 410 JENSEN BEACH FL 34957-2145

3. Date Incorporated or Qualified: 04/21/1989  
3a. Date of Last Report: 03/27/1996  
4. FEI Number: 65-0142120  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
CALVIERO, PETER S  
8800 S. OCEAN DR., UNIT 410  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: FL 85 Zip Code:

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* Peter S. Calviero 2/27/97  
(NOTE: Registered Agent signature required when rehashing) DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, CHARLES	
STREET ADDRESS	8800 S OCEAN DR #1306	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAOLETTI, FREDERICK	
STREET ADDRESS	8800 S OCEAN DR #1404	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALVIERO, PETER	
STREET ADDRESS	8800 S. OCEAN DR#410	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HAAS, LEROY	
STREET ADDRESS	8800 S. OCEAN DR #310	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	OHLAU, ROBERT G.	
STREET ADDRESS	8800 S OCEAN DR	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	DM	<input type="checkbox"/> DELETE
NAME	MCINTYRE, THOMAS	
STREET ADDRESS	8800 S OCEAN DR #102	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	THIEMANN, WALTER	
13 STREET ADDRESS	8800 S OCEAN DR. #303	
14 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MCGINNIS, ARTHUR	
3.3 STREET ADDRESS	8800 S OCEAN DR. #501	
3.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	REAM, CHARLES	
5.3 STREET ADDRESS	8800 S OCEAN DR. #1003	
5.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Peter S. Calviero* Peter S. Calviero 2/27/97 561 229 5550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071224

CR2E037 (9/96)