


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31871					
1. Corporation Name ISLAND DUNES OCEANSIDE II CONDOMINIUM ASSOCIATIO N, 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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/21/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		85-0142129	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CALVIERO, PETER S 8800 S. OCEAN DR., UNIT 410 JENSEN BEACH FL 34957				81 Name JACK O'MALLEY 82 Street Address (P.O. Box Number is Not Acceptable) 8800 S Ocean Dr. 83 City Jensen Beach, FL 84 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 *[Signature]* DATE 2/12/99
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	THIEMANN, WALTER	8800 S. OCAEN DR., #303	JENSEN BEACH FL	PD	Jack O'Malley	8800 S Ocean Dr	Jensen Beach, FL 34957
	V	PAOLETTI, FREDERICK	8800 S OCEAN DR #1404	VD	Dick Calcavecchio	8800 S Ocean Dr	Jensen Beach, FL 34957
	P	CALVIERO, PETER	8800 S. OCEAN DR #410	TD	Walt Thiemann	8800 S Ocean Dr.	Jensen Beach, FL 34957
	D	MCGINNIS, ARTHUR	8800 S. OCEAN DR., #501	SD	Doug Zimmerman	8800 S Ocean Dr	Jensen Beach, FL 34957
	S	REAM, CHARLES	8800 S. OCEAN DR., #1003	DD	Fred Paoletti	8800 S Ocean Dr	Jensen Beach, FL 34957
	DM	MCINTYRE, THOMAS	8800 S OCEAN DR #102				
			JENSEN BEACH FL 34957				

14. I 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, with all other like empowered.

SIGNATURE *[Signature]* DATE 2/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)