FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000000017 (2)**

1. Corporation Name

DUNEDIN BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2530 GARY CIRCLE #402 DUNEDIN FL 34698	2530 GARY CIRCLE #402 DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1994
3a. Date of Last Report:
4. FEI Number: EIN 59-3302734 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 2539 GARY CIR.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 #401
City & State 23	City & State 28 DUNEDIN FL
Zip 24 / Country 25	Zip 29 34698 / Country 30 PINELLAS

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TILLGES, JAMES A
2530 GARY CIRCLE #402
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name: JONES, CLARENCE
82 Street Address (P.O. Box Number Is Not Acceptable): 2539 GARY CIRCLE #401
83
84 City: DUNEDIN FL 85 Zip Code: 34698

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Clarence Jones CLARENCE JONES 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, CLARENCE	1.2 NAME		
STREET ADDRESS	2539 GARY CIRCLE #401	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TILLGES, JAMES A	2.2 NAME	MARVIN N. STONE	
STREET ADDRESS	2530 GARY CIRCLE #402	2.3 STREET ADDRESS	2589 GARY CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	ROE, JAMES	3.2 NAME		
STREET ADDRESS	9 FORBES PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KRUMPEL, JOAN	4.2 NAME		
STREET ADDRESS	2570 GARY CIRCLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	CARANCI, RUDOLPH	5.2 NAME		
STREET ADDRESS	2539 GARY CIRCLE #301	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL 34698	5.4 CITY-ST-ZIP	VACANT	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Clarence Jones CLARENCE JONES 4/20/95 813-733-4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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