

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000000017 (2)

1. Corporation Name

DUNEDIN BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business

2530 GARY CIRCLE #402  
DUNEDIN FL 34698

Mailing Address

2539 GARY CIRCLE  
#401  
DUNEDIN FL 34698  
US

3. Date Incorporated or Qualified  
12/30/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number  
59-3302734

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

10. Name and Address of New Registered Agent

JONES, CLARENCE  
2539 GARY CIRCLE  
#401  
DUNEDIN FL 34698

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 617.0508, 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, type or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JONES, CLARENCE  
STREET ADDRESS 2539 GARY CIRCLE #401  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ DELETE

TITLE VD  
NAME STONE, MARVIN N  
STREET ADDRESS 2589 GARY CIRCLE  
CITY-ST-ZIP DUNEDIN FL ☐ DELETE

TITLE SD  
NAME ROE, JAMES  
STREET ADDRESS 9 FORBES PLACE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ DELETE

TITLE TD  
NAME KRUMPEL, JOAN  
STREET ADDRESS 2570 GARY CIRCLE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Tom Mills  
1.3 STREET ADDRESS 340 Causeway Blvd.  
1.4 CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME Joan Schlotz  
2.3 STREET ADDRESS 5 Gateshead Dr.  
2.4 CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME Nancy Holland  
3.3 STREET ADDRESS 2700 Bayshore Blvd. Bldg. 11 #404  
3.4 CITY-ST-ZIP Dunedin, FL 34698 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address.

SIGNATURE:

Joan M. Krumpel, Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96  
Date

813-733-2893  
Daytime Phone #

CR2E037 (12/95)