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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000017 (2)**

1. Corporation Name

DUNEDIN BEACH CIVIC ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2506 GARY CIRCLE UNIT A-10 DUNEDIN FL 34698 US	2506 GARY CIRCLE UNIT A-10 DUNEDIN FL 34698 US

2. Principal Place of Business	2a. Mailing Address
21 2530 GARY CIRCLE	26 P.O. Box 2722
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 UNIT 402	27
City & State	City & State
23 DUNEDIN, FL	28 DUNEDIN, FL
Zip	Zip
24 34698	29 34698
Country	Country
25 US	30 US

3. Date Incorporated or Qualified	
12/30/1994	
4. FEI Number	Applied For
59-3302734	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
TILGES, JAMES 2530 GARY CIR #402 DUNEDIN FL 34698	

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	JONES, CLARENCE
STREET ADDRESS	2539 GARY CIRCLE #401
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	VD <input type="checkbox"/> DELETE
NAME	STONE, MARVIN N
STREET ADDRESS	2589 GARY CIRCLE
CITY-ST-ZIP	DUNEDIN FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	TILGES, JAMES
STREET ADDRESS	2530 GARY CIR., #402
CITY-ST-ZIP	DUNEDIN FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	KRUMPEL, JOAN
STREET ADDRESS	2570 GARY CIRCLE
CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLS, TOM
STREET ADDRESS	340 CAUSEWAY BLVD
CITY-ST-ZIP	DUNEDIN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CIESKIEWICZ, PATRICIA
STREET ADDRESS	9 FORBES, #9
CITY-ST-ZIP	DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAMPL, DORI
1.3 STREET ADDRESS	1120 CLIPPER WAY
1.4 CITY-ST-ZIP	TARON SPRINGS, FL 34689
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STONE, MARVIN
2.3 STREET ADDRESS	2589 GARY CIRCLE
2.4 CITY-ST-ZIP	DUNEDIN, FL 34698
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TILGES, JAMES
3.3 STREET ADDRESS	2530 GARY CIRCLE #402
3.4 CITY-ST-ZIP	DUNEDIN, FL 34698
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GEORGEADES, FRANK
4.3 STREET ADDRESS	2530 GARY CIRCLE #705
4.4 CITY-ST-ZIP	DUNEDIN, FL 34698
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **JAMES A. TILGES, PRES. 1-7-98 813-734-9690**

CP2E037 (10/97)