

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90046 006 ****61.25

DOCUMENT # N95000000017

1. Corporation Name

DUNEDIN BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2530 GARY CIR
UNIT 402
DUNEDIN FL 34698
US

P.O. BOX 2722
DUNEDIN FL 34698
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/30/1994

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

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

STONE, MARVIN N

82 Street Address (P.O. Box Number is Not Acceptable)

2589 GARY CIRCLE

83

84 City

DUNEDIN

FL

85

Zip Code

34698

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

MARVIN N STONE PRES. 4-21-99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAMPEL, DORI	
STREET ADDRESS	1120 CLIPPER WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	STONE, MARVIN N	
STREET ADDRESS	2589 GARY CIRCLE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TILGES, JAMES	
STREET ADDRESS	2530 GARY CIR., #402	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GEORGEADES, IRENE	
STREET ADDRESS	2530 GARY CIR, #705	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STONE, MARVIN N	
1.3 STREET ADDRESS	2589 GARY CIRCLE	
1.4 CITY-ST-ZIP	DUNEDIN FL. 34698	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLLAND, NANCY	
2.3 STREET ADDRESS	2700 BAYSHORE BLVD 11-404	
2.4 CITY-ST-ZIP	DUNEDIN FL. 34698	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MILLS, TOM	
3.3 STREET ADDRESS	340 CAUSEWAY BLVD.	
3.4 CITY-ST-ZIP	DUNEDIN FL. 34698	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TUTTLE, DONALD	
4.3 STREET ADDRESS	2700 BAYSHORE BLVD 11-407	
4.4 CITY-ST-ZIP	DUNEDIN FL. 34698	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TUTTLE, ELVIRA	
5.3 STREET ADDRESS	2700 BAYSHORE BLVD. 11-407	
5.4 CITY-ST-ZIP	DUNEDIN FL. 34698	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN N STONE 4-21-99 727-733-7070

Date

Daytime Phone #

CR2E037 (11/98)