

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001567 (4)
1. Corporation Name
SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
505 NORTH ORLANDO AVENUE POST OFFICE BOX 320757
COCOA BEACH FL 32932-0757 COCOA BEACH FL 32932-0757

3. Date Incorporated or Qualified 03/21/1996 3a. Date of Last Report
4. FEI Number 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PEEPLS, JAMES W III
505 NORTH ORLANDO AVENUE
COCOA BEACH FL 32932-0757

10. Name and Address of New Registered Agent
81 Name ROBERT L. BEALS
82 Street Address (P.O. Box Number is Not Acceptable) 1800 West Hibiscus Blvd., Suite 138
83
84 City Melbourne FL 85 Zip Code 32901

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 *Robert L. Beals* DATE 1/15/97
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODSI, MAURICE	1.2 NAME	
STREET ADDRESS	262 E. MERRITT ISLAND CAUSEWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, BRENDA	2.2 NAME	
STREET ADDRESS	262 E. MERRITT ISLAND CAUSEWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KODSI, JUDITH	3.2 NAME	
STREET ADDRESS	262 E. MERRITT ISLAND CAUSEWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Maurice Kodosi* DATE: March 3rd 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0019398

CR2E037 (9/96)