

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 30 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: 03/21/1996  
 4. FEI Number: 59-3475982 (NOT APPLICABLE)  
 Applied For: Not Applicable

2. Principal Place of Business: 21 425 Buchanan Ave, 22 Office, 23 Cape Canaveral, FL, 24 32920, 25 Broward  
 2a. Mailing Address: 26 Suite, Apt. #, etc., 27, 28 City & State, 29 Zip, 30 Country

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. Is this nonprofit corporation a homeowners association? Yes No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ROBERT L. DEALS, 1000 W HIBISCUS BLVD, STE 138, MELBOURNE FL 32901

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KODSI, MAURICE	1.1 TITLE	DIJ Jack Hopper
NAME	202 E. MERRITT ISLAND CAUSEWAY	1.2 NAME	425 Buchanan Avenue 404
STREET ADDRESS	MERRITT ISLAND FL 32952	1.3 STREET ADDRESS	Cape Canaveral, FL 32920
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD KING, BRENDA	2.1 TITLE	DIJ Frank Indihar
NAME	202 E. MERRITT ISLAND CAUSEWAY	2.2 NAME	425 Buchanan Avenue 406
STREET ADDRESS	MERRITT ISLAND FL 32952	2.3 STREET ADDRESS	Cape Canaveral FL 32920
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD KODSI, JUDITH	3.1 TITLE	DIJ Arthur Bottinger
NAME	202 E. MERRITT ISLAND CAUSEWAY	3.2 NAME	425 Buchanan Avenue 407
STREET ADDRESS	MERRITT ISLAND FL 32952	3.3 STREET ADDRESS	Cape Canaveral FL 32920
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DIJ George Powell
NAME		4.2 NAME	425 Buchanan Avenue 506
STREET ADDRESS		4.3 STREET ADDRESS	Cape Canaveral FL 32920
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	DIJ Robert Hurley
NAME		5.2 NAME	425 Buchanan Avenue 509
STREET ADDRESS		5.3 STREET ADDRESS	Cape Canaveral, FL 32920
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: George R. Powell TREASURE 7-24-98 407-868-1998  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)