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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000001567

1. Corporation Name
SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**425 BUCHANAN AVE
 CAPE CANAVERAL FL 32920
 US**

Mailing Address
**P. O. BOX 320757
 COCOA BEACH FL 32932-0757**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	425 Buchanan Ave. Office	03/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3475982	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Cape Canaveral FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	32920	\$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		30	Brevard		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RIGERMAN, MARILYN A 200 NORTH FIRST STREET COCOA BEACH FL 32931				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				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 _____ DATE _____
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	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPER, JACK	1.2 NAME	
STREET ADDRESS	425 BUCHANAN AVE, #404	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDIHAR, FRANK	2.2 NAME	
STREET ADDRESS	425 BUCHANAN AVE, #406	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTINGER, ARTHUR	3.2 NAME	
STREET ADDRESS	425 BUCHANAN AVE, #407	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, GEORGE	4.2 NAME	
STREET ADDRESS	425 BUCHANAN AVE, #506	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, ROBERT	5.2 NAME	
STREET ADDRESS	425 BUCHANAN AVE, #509	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL	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 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: George Powell **SIGNATURE REQUIRED** George Powell Treas 4-28-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)