

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90014 024 \*\*\*\*61.25

**DOCUMENT # N96000001567**

1. Entity Name

**SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

Mailing Address

425 BUCHANAN AVE  
 CAPE CANAVERAL FL 32920  
 US

425 BUCHANAN AVE  
 CAPE CANAVERAL FL 32920-4905  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3475982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIGERMAN, MARILYN A**  
**200 NORTH FIRST STREET**  
**COCOA BEACH FL 32931**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	HOPPER, JACK	
STREET ADDRESS	425 BUCHANAN AVE, #404	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	D	<input type="checkbox"/> Delete
NAME	INDIHAR, FRANK	
STREET ADDRESS	425 BUCHANAN AVE, #406	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BOTTINGER, ARTHUR	
STREET ADDRESS	425 BUCHANAN AVE, #407	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	POWELL, GEORGE	
STREET ADDRESS	425 BUCHANAN AVE, #506	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HURLEY, ROBERT	
STREET ADDRESS	425 BUCHANAN AVE, #509	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conrad Jones	
STREET ADDRESS	425 Buchanan Ave	
CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Walz	
STREET ADDRESS	425 Buchanan Ave	
CITY-ST-ZIP	Cape Canaveral FL 32920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Signature Required*  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-00

Date

321-269-0450

Daytime Phone #

CR2E037 (9/99)