


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90034 048 ****61.25

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



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

Mailing Address
**1980 N. ATLANTIC AVE. #701
 COCOA BEACH, FL 32931 US**

24008553

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01312004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3475982

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PETEY, DAVIS
 1980 N ATLANTIC AVE 701
 COCOA BEACH, FL 32931**

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALZ, JIM 425 BUCHANAN AVENUE 502 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARKEY, CAROL 425 BUCHANAN AVE. #401 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNN, CAROLE 425 BUCHANAN AVE 206 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, CONRAD M JR 425 BUCHANAN AVENUE #201 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HURLEY, ROBERT 425 BUCHANAN AVE, #509 CAPE CANAVERAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAPE CANAVERAL FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HEIDERSBACH, DIANNE 425 BUCHANAN AVE #501 CAPE CANAVERAL, FL 32920

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: Conrad M. Jones, Jr. Date: 1-31-04 Daytime Phone #: (321) 265-0450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR