


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001567 1. Entity Name SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 425 BUCHANAN AVE CAPE CANAVERAL, FL 32920 US	Mailing Address 1980 N. ATLANTIC AVE. #701 COCOA BEACH, FL 32931 US
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02072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3475982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETEY, DAVIS
 1980 N ATLANTIC AVE 701
 COCOA BEACH, FL 32931

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALZ, JIM 425 BUCHANAN AVENUE 502 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARKEY, CAROL 425 BUCHANAN AVE. #401 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNN, CAROLE 425 BUCHANAN AVE 206 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, CONRAD M JR 425 BUCHANAN AVENUE #201 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, ROBERT 425 BUCHANAN AVE, #509 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HEIDERSBACH, DIANNE 425 BUCHANAN AVE #501 CAPE CANAVERAL, FL 32920

02/17/05-80025-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2-7-05 Daytime Phone #: 321-269-0450

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR