


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

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006327 (7)**  
 1. Corporation Name  
**SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION II, INC.**

Principal Place of Business <b>925 N COURTENAY PARKWAY UNIT 28 MERRITT ISLAND FL 32952</b>	Mailing Address <b>925 N COURTENAY PARKWAY UNIT 28 MERRITT ISLAND FL 32952</b>
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3. Date Incorporated or Qualified  
**11/07/1997**

4. FEI Number  
**59-3477793**

Applied For	Not Applicable
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2. Principal Place of Business 21 <b>925 N. COURTENAY PKWY, #28</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. BOX 320637</b> Suite, Apt. #, etc.
22 <b>MERRITT ISLAND, FL. 32953</b> City & State	28 <b>COCOA BEACH, FL. 32932-0637</b> City & State
23 Zip Country 24                      25	29 Zip Country 30                      30

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

**BEALS, ROBERT L**  
**1800 W HIBISCUS BLVD**  
**SUITE 138**  
**MELBOURNE FL 32902-1870**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KODSI, MAURICE</b>	
STREET ADDRESS	<b>925 N COURTENAY PKWY UNIT 28</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>KODSI, ROBERT</b>	
STREET ADDRESS	<b>925 N COURTENAY PKWY UNIT 28</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KODSI, JUDITH</b>	
STREET ADDRESS	<b>925 N COURTENAY PKWY UNIT 28</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>KODSI, MAURICE</b>	
1.3 STREET ADDRESS	<b>925 N. COURTENAY PKWY SUITE 28</b>	
1.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL. 32953</b>	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>KODSI, ROBERT</b>	
2.3 STREET ADDRESS	<b>925 N. COURTENAY PKWY, SUITE 28</b>	
2.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL. 32953</b>	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TOWERS, CONNIE S.</b>	
3.3 STREET ADDRESS	<b>925 N. COURTENAY PKWY SUITE 28</b>	
3.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL. 32953</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Maurice Kodosi* (MERRITT ISLAND)  
 4-17-98

CFR2037 (10/97)