2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000072806

1. Entity Name

OCEAN DUNES AT AQUARINA DEVELOPERS, INC



FILED Mar 30, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

235 HAMMOCK SHORES DRIVE MELBOURNE BEACH, FL 32951 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951



DO NOT WRITE IN THIS SPACE

 01132006
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-1089121
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Name and Address of Current Registered Agent
 NAME TIME

SADKIN, S. MARTIN 7860 PETERS ROAD SUITE F-111 PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	od office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title	(f applicable. (NOTE: Registered	Agent signatur	e regulied when reinstating?	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Financing Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD SADKIN, S. MARTIN 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVY, ROBERT A 235 HAMMOCK SHORE DRIVE MELBOURNE BEACH, FL 32951				#######\$5317 ##712706-80079-013 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STIREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the co- changed	certify that the information supplied with this to at this report or supplemental report is true receiver by fustee empowerer, or on an attachment with an address, with a	filing does not quality for the ex and accurate and that my signa of to execute this report as requi Il giner like empowered.	emptions or fure shall ha ired by Char	ontained in Chapter 1 ave the same legal effo pter 607, Florida Statu	19, Florida Statutes. I further certify that the information act as if made under oath; that I am an officer or directions; and that my name appears in Block 10 or Block 11