

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000029826 (2)

1. Corporation Name

DUNEDIN CAUSEWAY, INC.



Principal Place of Business

1520 GULF BLVD.
SUITE 1101
CLEARWATER FL 34630

Mailing Address

1520 GULF BLVD.
SUITE 1101
CLEARWATER FL 34630

3. Date Incorporated or Qualified
04/15/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3238307

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

21 1520 GULF BLVD

Suite, Apt. #, etc.

22 UNIT PH-1

City & State

23 CLEARWATER FL

Zip

24 34630

Country

25 USA

2a. Mailing Address

26 1520 GULF BLVD

Suite, Apt. #, etc.

27 UNIT PH-1

City & State

28 CLEARWATER FL

Zip

29 34630

Country

30 USA

9. Name and Address of Current Registered Agent

FICARA, ANTHONY J
1520 GULF BLVD.
~~SUITE 1101~~ UNIT PH-1
CLEARWATER FL 34630

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

☒ Signature, typed or printed name of registered agent and the applicable block

☒ (NOTE: Registered Agent's signature is required when relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME FICARA, ANTHONY J
STREET ADDRESS 1520 GULF BLVD., ~~SUITE 1101~~ UNIT PH-1
CITY - ST - ZIP CLEARWATER FL 34630

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Month/Year

CR2E034 (12/95)