

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001567

**FILED**  
**Jan 16, 2021**  
**Secretary of State**  
**6985119685CC**

**Entity Name:** SAND DUNES OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

425 BUCHANAN AVENUE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

1980 N ATLANTIC AVENUE #701  
COCOA BEACH, FL 32931 US

**FEI Number: 59-3475982**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BEAN, SANDY  
1980 N ATLANTIC AVENUE  
701  
COCOA BEACH, FL 32931 US

*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.*

**SIGNATURE: SANDY BEAN**

**01/16/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name JONES, CONRAD M JR.  
Address 425 BUCHANAN AVENUE #201  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR  
Name MUNN, CAROLE E  
Address 425 BUCHANAN AVENUE #206  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR, SECRETARY  
Name ZYHOWSKI, THERESE A  
Address 425 BUCHANAN AVENUE #506  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR, PRESIDENT  
Name DANIELS, PATRICK J  
Address 425 BUCHANAN AVENUE #502  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DIRECTOR, VP  
Name BASKA, JOHN K  
Address 425 BUCHANAN AVENUE #407  
City-State-Zip: CAPE CANAVERAL FL 32920-4907

Title DIRECTOR  
Name HEIDERSBACH, DIANNE K  
Address 425 BUCHANAN AVENUE #501  
City-State-Zip: CAPE CANAVERAL FL 32920-4908

Title DIRECTOR  
Name GRIESAR, ROBERT N  
Address 425 BUCHANAN AVENUE #109  
City-State-Zip: CAPE CANAVERAL FL 32920-4904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CONRAD M. JONES, JR.**

**TREASURER**

**01/16/2021**

Electronic Signature of Signing Officer/Director Detail

Date