

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002428

FILED
Apr 24, 2009
Secretary of State

Entity Name: ARIEL DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 90-0313898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORMLEY, TERRY P
215 GRAND BLVD
SUITE 200
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: BENTLEY, BLAKE
Address: 3405 TIFTON LN
City-St-Zip: OPELIKA, AL 36804 US

Title: DAS () Delete
Name: D'SILVA, SHERI
Address: 112 SEASCAPE BLVD #1002
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV () Delete
Name: POUS, LINDA
Address: 5201 TORTUGA TRAIL
City-St-Zip: AUSTIN, TX 78731 US

Title: DS () Delete
Name: KLINE, KEITH
Address: 112 SEASCAPE BLVD UNIT 1608
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DP () Delete
Name: BLACKWELL, RICK
Address: 11159 E NICKENS RD
City-St-Zip: HAMMOND, LA 70403 US

Title: D () Delete
Name: JONES, BRENDA
Address: 5711 MUSKET LN
City-St-Zip: STONE MOUNTAIN, GA 30087 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DAT (X) Change () Addition
Name: JONES, BRENDA
Address: 5711 MUSKET LN
City-St-Zip: STONE MOUNTAIN, GA 30087 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH KLINE

S

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date