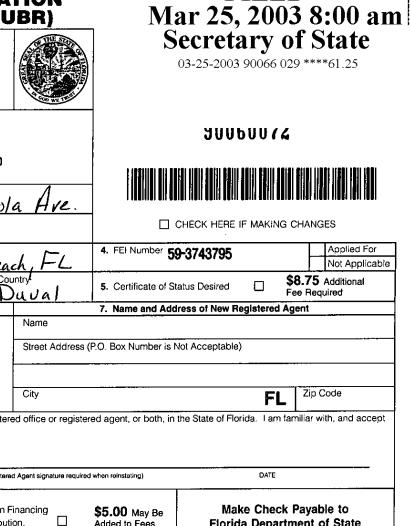
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005118

1. Entity Name

STREET ADDRESS

ANASTASIA DUNES ASSOCIATION, INC.



FILED

Mailing Address Principal Place of Business C/O JAMES N. MCGARVEY JR., C/O JAMES N. MCGARVEY JR.. 2453 SOUTH THIRD STREET 2453 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address *43*2 Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State acksonville Not Applicable Jacksonville Zip 6. Name and Address of Current Registered Agent MCGARVEY, JAMES N JR. 2453 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing MILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD TITLE ☐ Change Addition TITLE ☐ Delete MCGARVEY, JAMES N NAME NAME STREET ADDRESS 2453 SO. THIRD ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE KELLEY, PATRICIA H NAME NAME STREET ADDRESS 2453 SO. THIRD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Change ☐ Addition
☐ Delete TITLE TITLE HERRING, DINAH K NAME NAME STREET ADDRESS 2453 SO. THIRD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE

3-14-03 247-9160

Change

☐ Addition