

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006257

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** HERITAGE DUNES OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE  
7 TOWN CENTER LOOP C-16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 14-1892532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHIPMAN, GARY  
1414 COUNTY HIGHWAY 283 SOUTH  
STE. B  
SANTA ROSA BEACH, FL 32459 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: PD  
Name: PAUL, PETER L III  
Address: 5960 HERMITAGE DRIVE  
City-St-Zip: PENSACOLA, FL 32504

Title: SD  
Name: HICKSON, RICHARD  
Address: 3973 DOGWOOD DR  
City-St-Zip: JACKSON, MS 39211

Title: TD  
Name: ARMISTERD, DAVID  
Address: 430 SINGLE TREE TRACE  
City-St-Zip: ALPHARETTA, GA 30004

Title: D  
Name: KACIC, GEORGE  
Address: 4526 MYSTIQUE WAY  
City-St-Zip: ROSWELL, GA 30075

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: PETER L PAUL, III

P

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date