2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0600000047

FILED Apr 29, 2009 Secretary of State

Entity Name: THE DUNE'S AT NATURE'S HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	TH DILLARD STREE GARDEN, FL 34787			
Current Mailing Address:		New Mailing Address:		
	TH DILLARD STREE GARDEN, FL 34787			
FEI Number	: FE	Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address	Name and Address of New Registered Agent:	
	N. ASMA, P.A.			
	TH DILLARD STREE GARDEN, FL 34787			
WINTER (GARDEN, FL 34787	'US	ourpose of changing its registere	ed office or registered agent, or both,
WINTER (GARDEN, FL 34787 e named entity subm e of Florida. RE:	' US its this statement for the p		ed office or registered agent, or both,
WINTER (The above in the State	GARDEN, FL 34787 e named entity subm e of Florida. RE:	'US		ed office or registered agent, or both, Date
WINTER (The above in the State SIGNATU	GARDEN, FL 34787 e named entity subm e of Florida. RE:	TUS its this statement for the particles of Registered Agreement	ent	
WINTER (The above in the State SIGNATU	GARDEN, FL 34787 e named entity subme e of Florida. RE: Electronic Sig	TUS its this statement for the particle of Registered Ages:	ent	Date
WINTER (The above in the State SIGNATU OFFICER Title: Name: Address:	e named entity subme of Florida. RE: Electronic Signature of Control of Con	its this statement for the particle of Registered Agramment for the particle o	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: WILLIAM N ASMA AGT 04/29/2009