

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003615

FILED
Apr 24, 2009
Secretary of State

Entity Name: ARIEL DUNES II CONDOMINIUM 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: 20-8312795

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: PD () Delete
Name: DAVIS, BILL
Address: 122 SEASCAPE BLVD #1703
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DV () Delete
Name: WITZEL, KURT
Address: 3116 SOUTHRIDGE PARK LN
City-St-Zip: SAINT LOUIS, MO 63129 US

Title: DT () Delete
Name: HUSTON, WALLY
Address: 796 EAST HEWETT RD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: DS () Delete
Name: SMITH, ROBERT
Address: 122 SEASCAPE BLVD #1809
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: DAS () Delete
Name: SCHAD, KEITH
Address: 1275 SHILOH RD SUITE 2330
City-St-Zip: KENNESAW, GA 30144 US

Title: D () Delete
Name: RAINER, JACK
Address: 3409 LANSDOWNE DR
City-St-Zip: MONTGOMERY, AL 36110 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
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City-St-Zip:

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

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

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: ROBERT SMITH

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date