
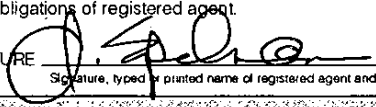
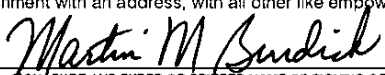


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90071 045 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N99000001003</b><br>1. Entity Name<br><b>GULF DUNES CONDOMINIUM OWNERS ASSOCIATION, INC.</b>  |   |   |  |   |  |
| Principal Place of Business<br><b>376 SANTA ROSA BOULEVARD<br/>FORT WALTON BEACH FL 32548</b>   |   | Mailing Address<br><b>321 HWY 98 E<br/>DESTIN FL 32541</b>  |  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |  |
| City & State  |   | City & State  |  | 4. FEI Number <b>59-3464895</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>     |  |
| Zip   | Country   | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DESTIN RESORTS<br/>321 HWY 98 E<br/>DESTIN FL 32541</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |
| 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.<br>SIGNATURE  <b>JULIE SPELMAN</b> <span style="float: right;">2/2/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HUDSON, CHARLIE<br>5610 OLDE ATLANTA PARKWAY<br>SUWANNEE GA 30024 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | B S<br>HAUREEN BIERHAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>376 SANTA ROSA BLVD #302<br>FORT WALTON, FL 32548 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>OLDEN, COLLEEN <input checked="" type="checkbox"/> Delete<br>3501-B N. POUNCE DE LEON BLVD. #391<br>ST. AUGUSTINE FL 32084 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>SHANNON HENLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>1636 FLORENCE AVE.<br>FORT WALTON, FL 32548          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>GRIMES, FRANK <input checked="" type="checkbox"/> Delete<br>901 WINDERMERE BLVD.<br>ALEXANDRIA LA 71303                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>MARTIN BURDICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>61 N. RANCH RD.<br>LITTLETON, CO 80127              |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILSON, MARY <input checked="" type="checkbox"/> Delete<br>C-1 FAIRWAY VIEW #3<br>HAMMOND LA 70401                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>JAMES BLAHA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>39 W. 134 ARMSTRONG LANE<br>GENEVA, IL 60134            |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>BARTH, GARY <input checked="" type="checkbox"/> Delete<br>4209 ASPEN COURT<br>PINEVILLE LA 71360                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>MAX KIDD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>2806 SPREADING OAKS DR.<br>ACWORTH, GA 30101               |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>HERBERT, LINDA <input type="checkbox"/> Delete<br>156 TCHEFUNCTE DR<br>COVINGTON LA 70433                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>LINDA HERBERT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>156 TCHEFUNCTE DR.<br>COVINGTON, LA 70433             |  |  |
| 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. |   |   |  |  |  |
| SIGNATURE:   |   | 2/6/05 850-243-7626<br><small>Daytime Phone #</small>   |  |  |  |