

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005118

Entity Name: ANASTASIA DUNES ASSOCIATION, INC.

Current Principal Place of Business:

461 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080

Current Mailing Address:

461 A1A BEACH BLVD.
ST. AUGUSTINE, FL 32080

FEI Number: 59-3743795

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUMPKIN, ELLEN
461 A1A BEACH BLVD.
ST.AUGUSTINE, FL 32080 US

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

Officer/Director Detail :

Title SECRETARY
Name WENTZ, SUSAN E
Address 321 OCEAN FOREST
City-State-Zip: SAINT AUGUSTINE FL 32080

Title DIRECTOR
Name LANG, DAN S
Address 453 OCEAN FOREST DRIVE
City-State-Zip: ST AUGUSTINE FL 32080

Title TREASURER
Name RIFFE, JOSEPH R
Address 1000 SEA FOREST DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name CAIN, RANDALL S
Address 378 OCEAN FOREST DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32080

Title PRESIDENT
Name WILCOX, JOHN
Address 466 OCEAN FOREST DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

Title DIRECTOR
Name KOWALSKI, TRISH
Address 350 OCEAN FOREST DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

Title VP
Name NOLAND, RICK
Address 325 OCEAN FOREST DRIVE
City-State-Zip: ST. AUGUSTINE FL 32080

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: JOHN WILCOX

PRESIDENT

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date