

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N03000006257

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

**Current Principal Place of Business:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 5  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 14-1892532**

**Certificate of Status Desired: No**

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

SHIPMAN, GARY  
60 CLAYTON LANE  
SUITE A  
SANTA ROSA BEACH, FL 32459 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 PD  
Name PAUL, P LIII  
Address 74 HERITAGE DUNES LANE S  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title TREASURER, DIRECTOR  
Name DEVORE, DARREN  
Address 324 ROLLING ROCK ROAD  
City-State-Zip: MARIETTA GA 30067

Title DIRECTOR  
Name HART, ROBERT  
Address 1700 LULA LAKE ROAD  
City-State-Zip: LOOKOUT MOUNTAIN GA 30750

Title VP  
Name SYED, FAISIL  
Address POST OFFICE BOX 611058  
City-State-Zip: ROSEMARY BEACH FL 32461

*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: PAUL , P LIII**

**PRESIDENT**

**10/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date