

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006257

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

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC6294057346**

**Current Principal Place of Business:**

THE ASSOCIATION OFFICE  
7 TOWN CENTER LOOP C-16  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

PO BOX 1247  
SANTA ROSA BEACH, FL 32459

**FEI Number: 14-1892532**

**Certificate of Status Desired: Yes**

**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 5960 HERMITAGE DRIVE  
City-State-Zip: PENSACOLA FL 32504

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 VP, DIRECTOR  
Name KACIC, GEORGE  
Address 4526 MYSTIQUE WAY  
City-State-Zip: ROSWELL GA 30075

Title DIRECTOR  
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: P L PAUL III**

**PRESIDENT**

**04/19/2016**

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

\_\_\_\_\_  
Date