

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

DOCUMENT# N03000006395

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC2089953270**

**Entity Name:** GRAND DUNES CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

219 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 55-0857357

**Certificate of Status Desired:** No

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

GELDER, JAY B  
10221 EMERALD COAST PKWY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 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            DIRECTOR  
Name            ROGERS, TOMMIE  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            BOREN, THOMAS  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            PRESIDENT  
Name            RILEY, DON DR  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            TREASURER  
Name            SMITH, DON  
Address        10221 EMERALD COAST PKWY WEST  
                 SUITE 23  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY  
Name            DORE', KAY  
Address        219 SCENIC GULF DRIVE  
City-State-Zip: MIRAMAR BEACH FL 32550

*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:** DORE' KAY

**SECRETARY**

**03/08/2016**

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

\_\_\_\_\_  
Date