

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003615

**Entity Name:** ARIEL DUNES II CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 14, 2021**  
**Secretary of State**  
**7765105983CC**

**Current Principal Place of Business:**

600 GRAND BLVD  
STE 208  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

600 GRAND BLVD  
STE 208  
MIRAMAR BEACH, FL 32550 US

**FEI Number: 20-8312795**

**Certificate of Status Desired: No**

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

DUNLAP & SHIPMAN, P. A.  
2063 S. CTY. HWY. 395  
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: DAVID H. MILAM**

**01/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOB, BAKER  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            EVANS, PETER  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            TREASURER  
Name            SCHAD, KEITH  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY  
Name            MOORE, ANN MARIE  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            MURPHY, MIKE  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            TEPE, DARREN  
Address        600 GRAND BLVD  
                  STE 208  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            ZETTELL, SUSAN  
Address        600 GRAND BLVD  
                  STE 208  
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: BOB BAKER**

**PRESIDENT**

**01/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date