

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003615

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

**Current Principal Place of Business:**

755 GRAND BLVD  
STE 105B-351  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

755 GRAND BLVD  
STE 105B-351  
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

03/05/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CALDWELL, WALLACE  
Address        122 SEASCAPE BLVD.  
                  #1001  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            VP  
Name            CURRAULT, JACK  
Address        122 SEASCAPE DR.  
                  UNIT #901  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            TREASURER  
Name            MOORE, CARL  
Address        122 SEASCAPE BLVD.  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            SECRETARY  
Name            KELLY, JIM  
Address        122 SEASCAPE BLVD.  
                  #1110  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            ANDERSON, LAURA III  
Address        122 SEASCAPE BLVD  
                  #1706  
City-State-Zip: MIRAMAR BEACH FL 32550

Title            DIRECTOR  
Name            PIERCE, JOSEPH  
Address        122 SEASCAPE BLVD.  
                  #2201  
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:** WALLACE CALDWELL

PRESIDENT

03/05/2020

Electronic Signature of Signing Officer/Director Detail

Date